

Name
in
Full

Hattie May Baynum

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near E. Newmarket</u> <u>Dorchester</u> County				MARYLAND	
Date of death <u>190</u>	Month <u>October</u>	Day <u>16th</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>E n market</u>			
Occupation	Where Residing if not at place of death <u>same place</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Noah Baynum</u>	Father's Birthplace <u>E n market</u>				
Mother's Maiden Name <u>Rhoda</u>	Mother's Birthplace " " "				
Name of person giving Information <u>Noah Baynum</u>	How related to deceased				

CAUSES OF DEATH

(9)

PHYSICIAN
OR CORONER

Primary

" cold

Croup

How long

Immediate

How long

5 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

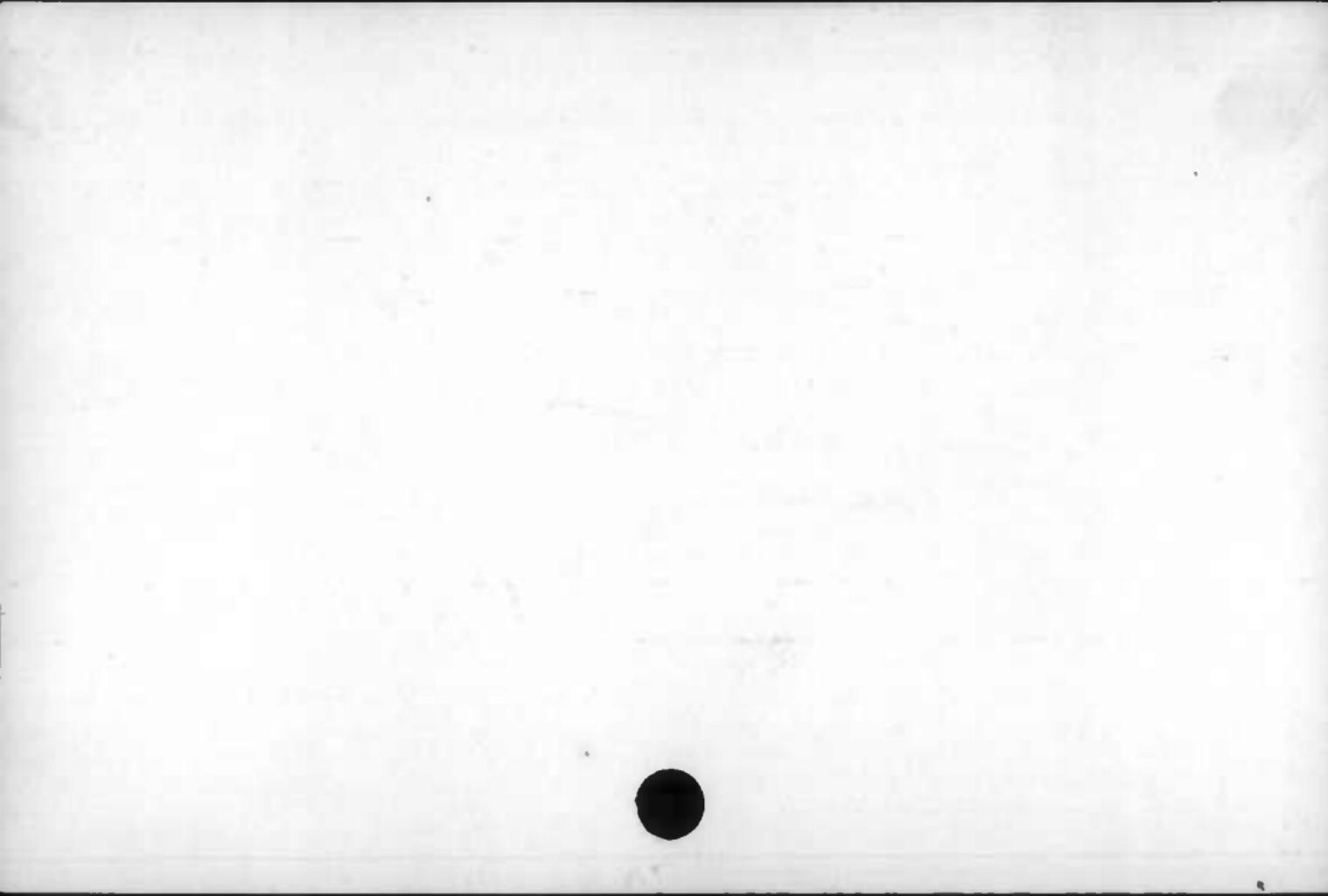
Address

none

E n market

7m 2 st abell JP

Accident or Suicide?



Name
in
Full

John Berry Gampfer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died near Arney's		Town	Dorchester		County	MARYLAND					
Date of death	1908	Month	January	Day	6	Years	60	Months	~	Days	~
Sex	Male	Color or Race	Black	Birth-place	Dorchester County						
Occupation	None	Where Residing if not at place of death		Near Arney's							
Married, Single or Widowed	Married	Name of Wife or Husband	Johnnie A. Gampfer								
Father's Name	Johnathan Gampfer		Father's Birthplace	Dorchester Co.							
Mother's Maiden Name	Cassie		Mother's Birthplace	", "							
Name of person giving information	Frederick A. Jackson		How related to deceased	Stepgrandson							

CAUSES OF DEATH

120

How long

6 months

Primary

Affection of the kidneys

Immediate

," , ,

How long

3 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

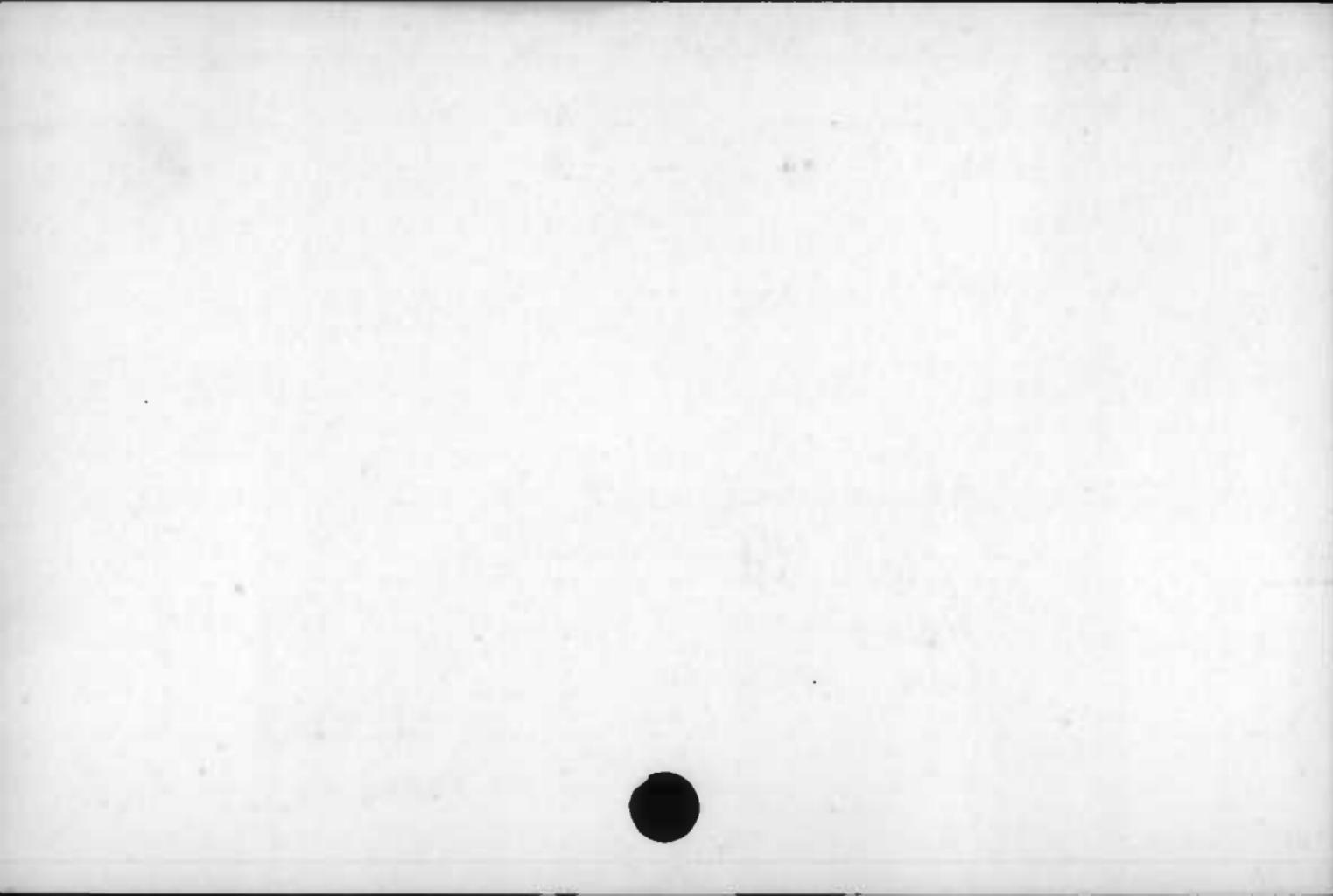
Yes

Address

None

Benjamin Sullivan
Justice of the Peace

Accident or Suicide?



Name
in
Full

Emily Cephus

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1908 Oct 9 th			52			
Sex	Color or Race	Birth-place				
Female	Colored	Dorchester Co				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife Husband	Housewife Columbus Cephus				
Married	Columbus Cephus					
Father's Name	Jenkins Coleman					Father's Birthplace Dorchester Co.
Mother's Maiden Name	Emily Waters					Mother's Birthplace Dorchester Co.
Name of person giving information	Thomas Cephus					How related to deceased Son

CAUSES OF DEATH

66

How long

How long

PHYSICIAN
OR CORONER

Primary

Paralysis & cerebral Protritis

Unknown

Immediate

Exhaustion & Pulmonary Congestion

about 4 days

Are the name, age, sex, color, date and place correctly given above?

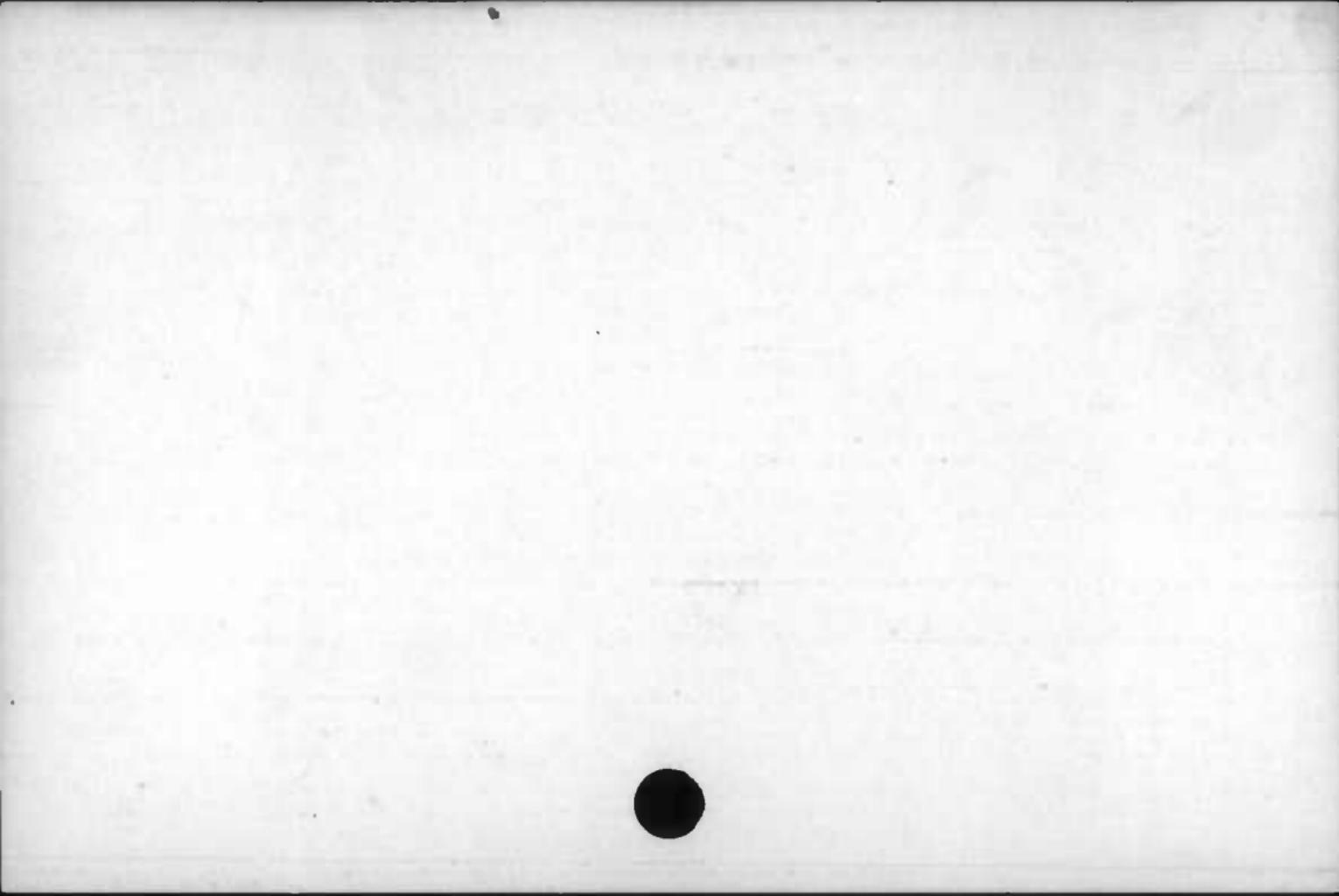
Signature of Physician

Address

Henry Steele

Cambridge Md.

Accident or Suicide?



Name
in
Full

James Wallace Calenon

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1908	Month	11	Years	1	Months
Sex	Male	Color or Race	Colored	Birth-place	Md.	Days
Occupation	Infanter.			Where Residing if not at place of death		
Married, Single or Widowed	—	Name of Wife or Husband	Daniel Calenon.			
Father's Name	Daniel Calenon.			Father's Birthplace	Md	
Mother's Maiden Name	Morgan			Mother's Birthplace	Md.	
Name of person giving information	Daniel Calenon.			How related to deceased	Father	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Morosinus.	
Immediate	Heart Failure	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?		

2.

80

80

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>Walter Cottman</i>				CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race		Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widower	Name of Wife or Husband		<i>Walter Cottman</i>			
Father's Name	<i>Walter Cottman</i>		Father's Birthplace			
Mother's Maiden Name	<i>Mary Clayville</i>		Mother's Birthplace			
Name of person giving information	<i>James Cottman</i>		How related to deceased			

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary

Child born

How long

Immediate

Forced delivery

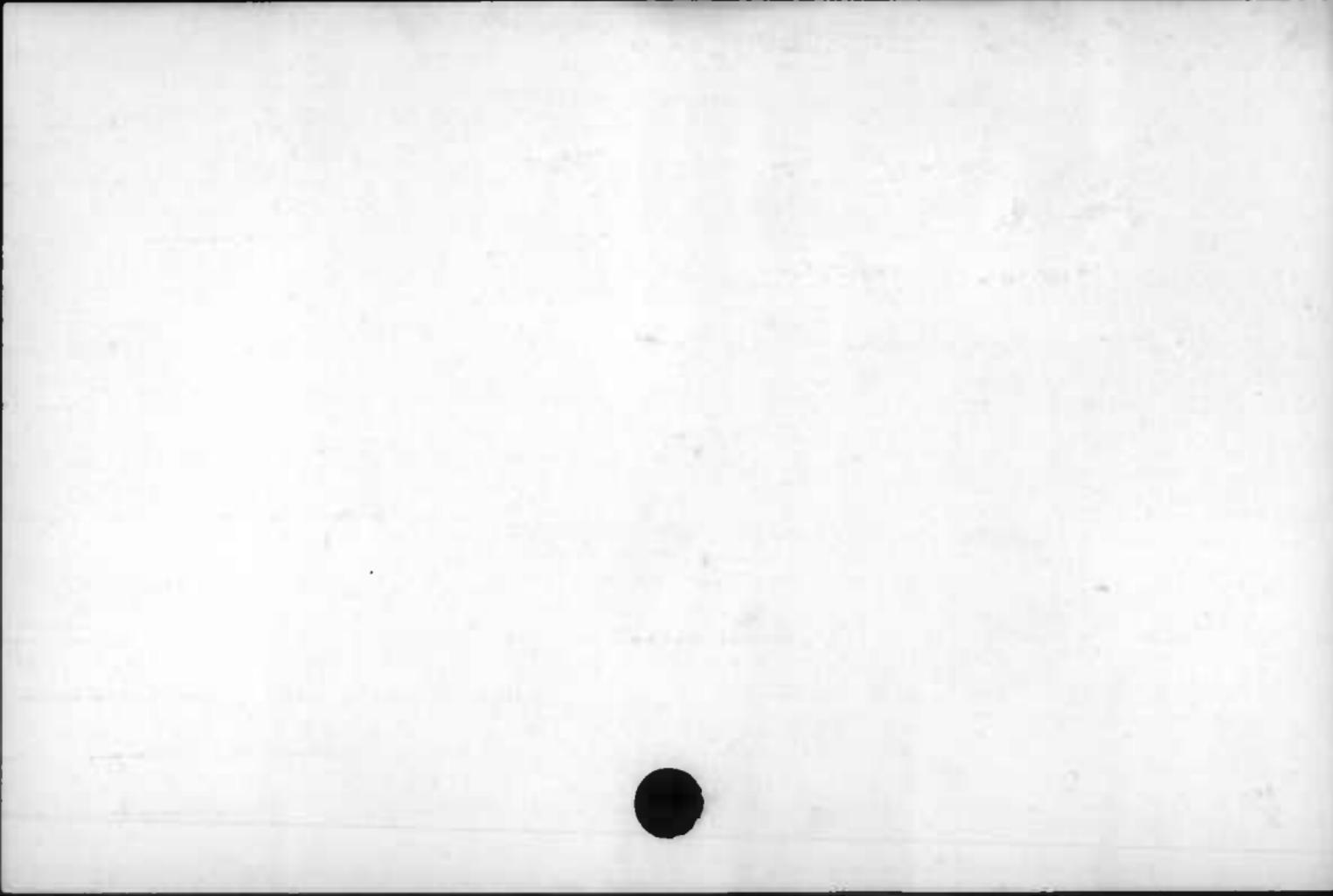
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Thomas R Craft
Town Oak Grove County Dor

CERTIFICATE OF DEATH

MARYLAND

Died at	Oak Grove Dor			Months	Days
Date of death	1908	Month Oct	Day 23	Years	
Sex	male	Color or Race	white	Birth-place	md
Occupation	farmer Where Residing if not at place of death				
Married, Single or Widowed	married	Name of Wife or Husband	Rhoda A Nichols		
Father's Name	Thomas Craft				
Mother's Maiden Name	Ann M Fisher				
Name of person giving Information	Rhoda A Craft				

CAUSES OF DEATH

Primary

Pyphoid

1

How long

Immediate

3 weeks

Are the name, age, sex, color, date and place correctly given above?

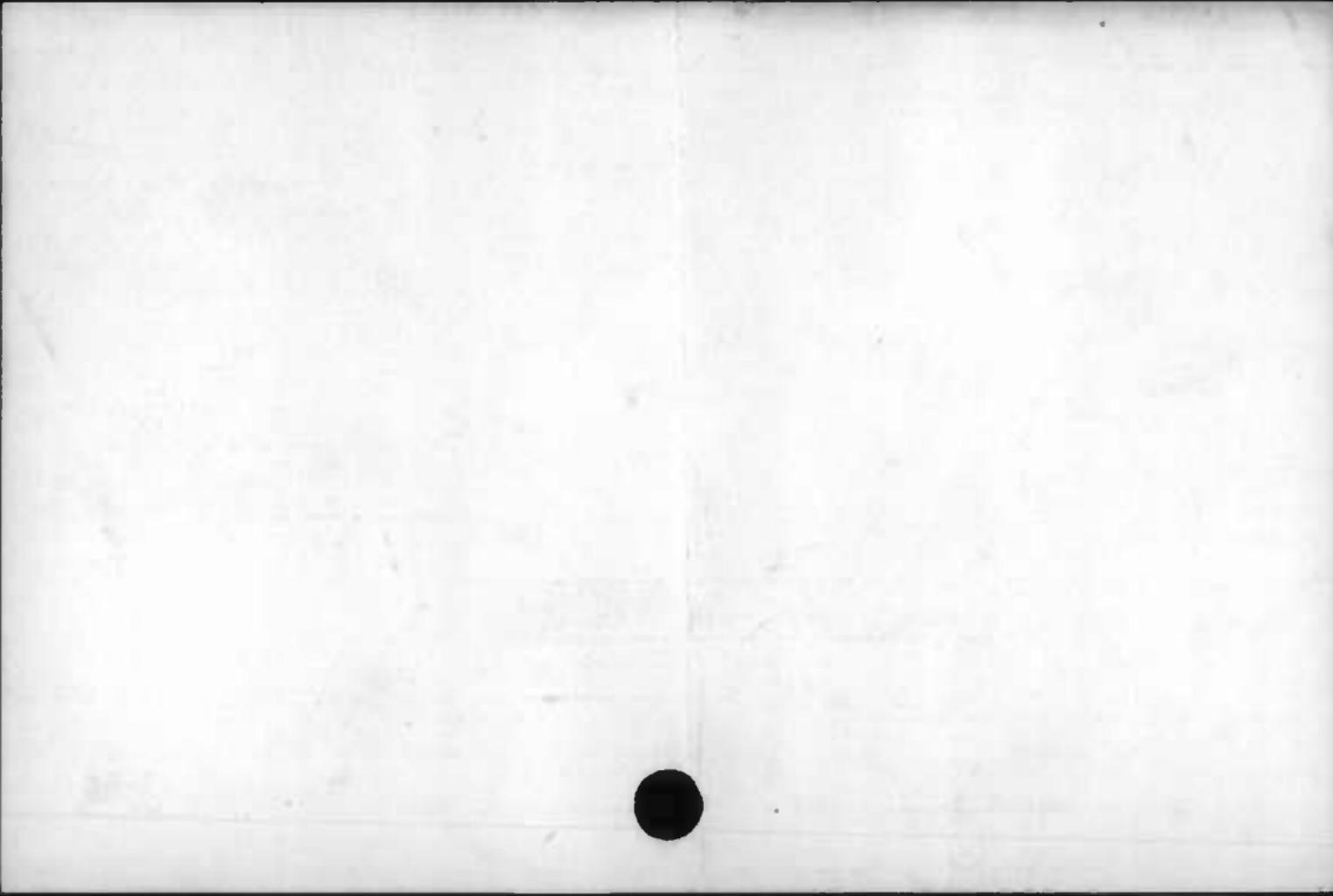
yes

Signature of Physician

Address

R Kemp Jefferson
Federalsburg
md

Accident or Suicide?



Name
in
Full

Elijah Demby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Drawbridge	Dorchester	Months	—	Days
Date of death	Month	Day	Years	—	—
1908	Oto.	18	Age	60	
Sex	Female	Color or Race	Afro-American	Birth-place	Drawbridge
Occupation	Washerwoman	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Drawbridge			
Father's Name	Levin Stanley	James Demby			
Mother's Maiden Name	Mary Stayward	Don't know			
Name of person giving information	Chas. Stanley	Don't know			
How related to deceased					
Brother					

CAUSES OF DEATH

66

How long

One week

How long

a few hours

PHYSICIAN
OR CORONER

Primary

Paralysis

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

Yes as

Signature of Physician

Address

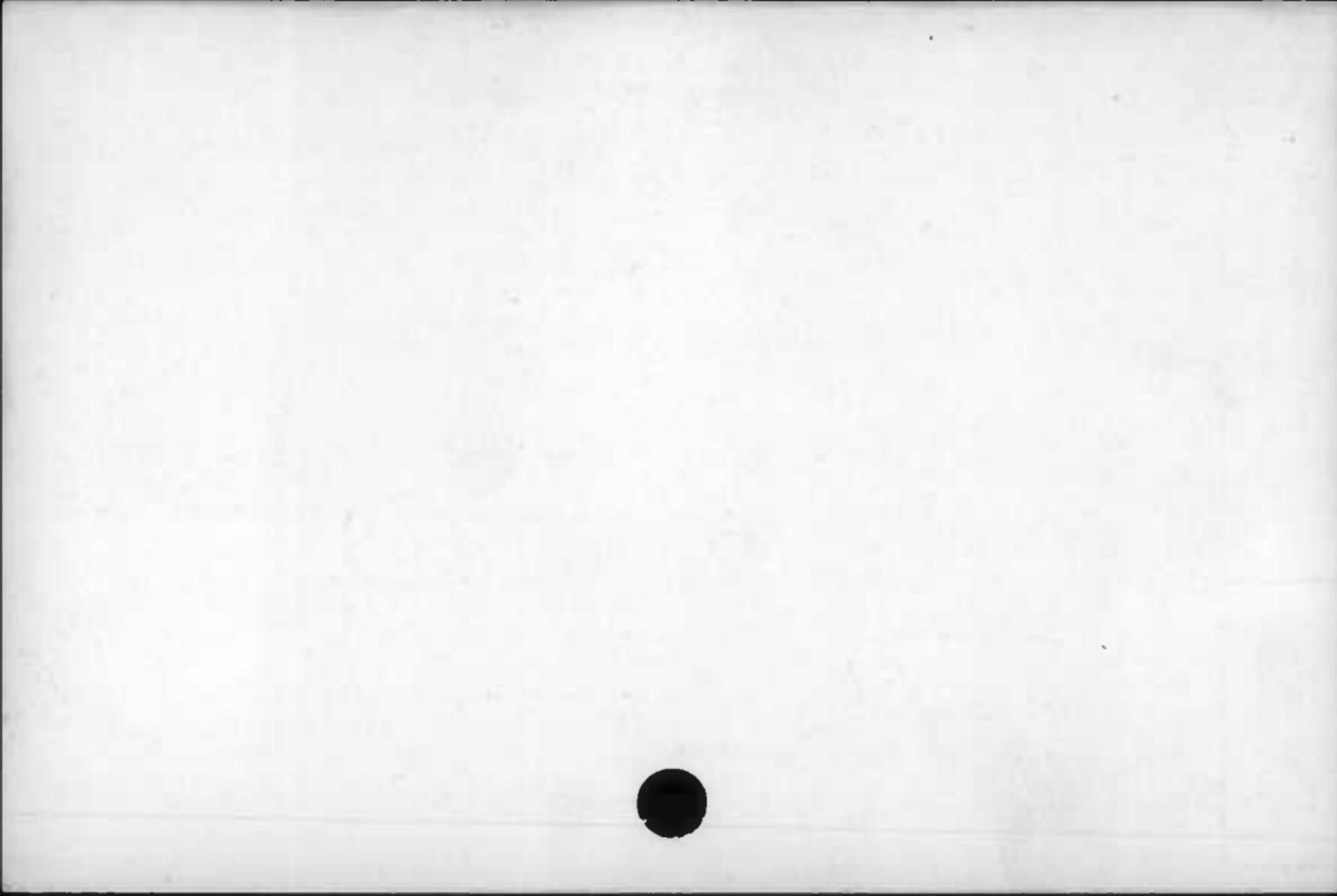
R. J. Price

Vienna
Md.

6

Accident or Suicide?

Neither



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>E. N. Market</u>		Town	County <u>Dorchester</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>15</u>	Years	Age	Months <u>11</u>	Days <u>30</u>
Sex <u>Male</u>	Color or Race <u>Black</u>				Birth-place <u>E. N. Market</u>	
Occupation <u>Infant</u>	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Richard H. Denord</u>	Father's Birthplace <u>Salem, Md.</u>					
Mother's Maiden Name <u>Mary E. Sephus</u>	Mother's Birthplace <u>E. N. Market</u>					
Name of person giving information <u>Richard H. Denord</u>	How related to deceased <u>Father</u>					
CAUSES OF DEATH						
Primary <u>Marasmus</u>	<div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto;">179</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> How long <u>Four months</u> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> How long <u></u> </div>					
Immediate						

Are the name, age, sex, color, date and place correctly given above?

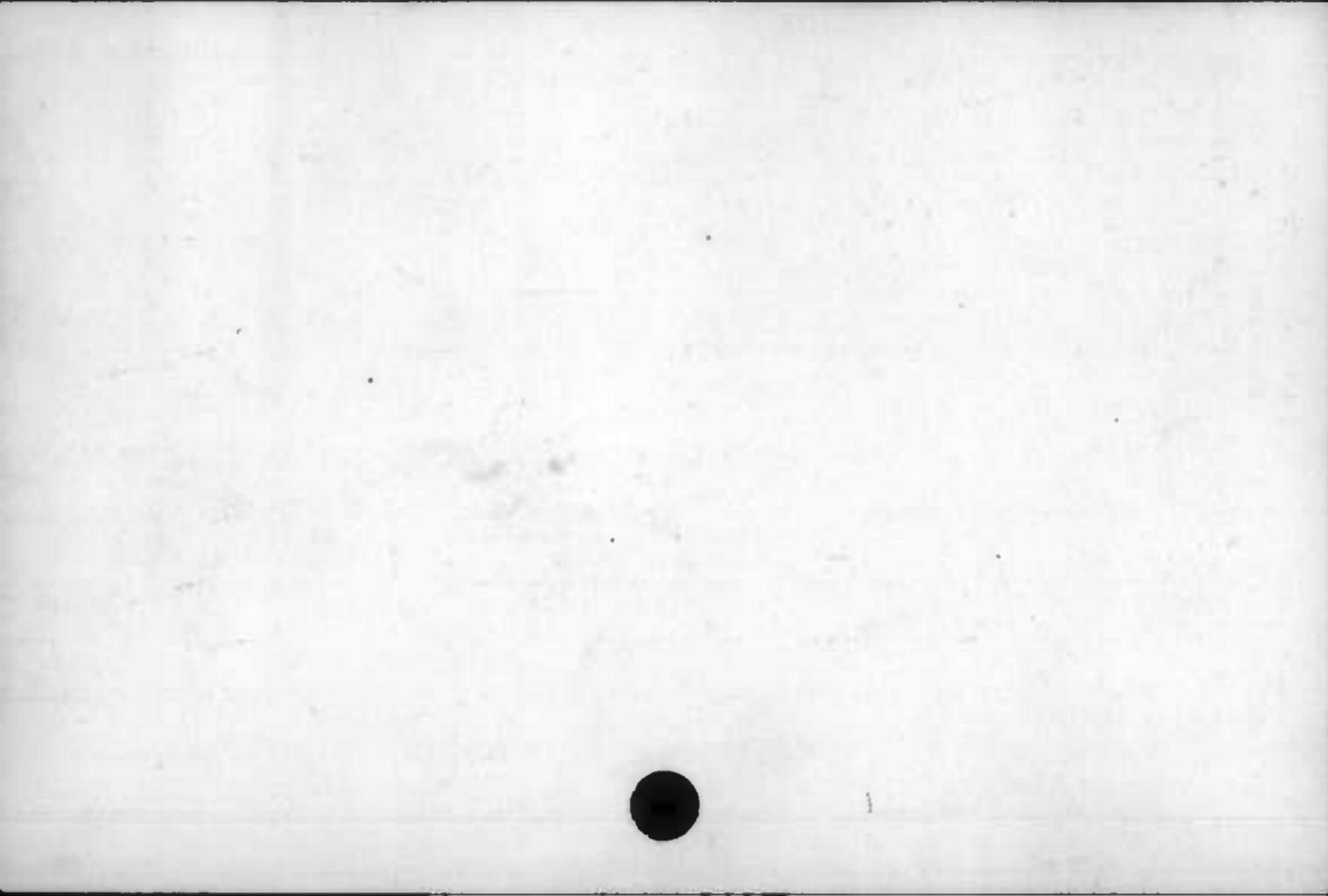
yes

Signature of Physician

Address

H. F. Nichols M.D.
E. N. Market, Md.

Accident or Suicide?



Name
in
Full

John Wesley Dennis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Town County MARYLAND
Cambridge Dorchester

Date of death Month Day Years Months Days
1908 Oct 16th abt 38 ~ ~

Sex Male Color or Race Colored Birthplace Somerset Co.
Occupation Laborer Where Residing if not at place of death ~

Married, Single or Widowed Single Name of Wife or Husband ~

Father's Name George Dennis Father's Birthplace Unknown

Mother's Maiden Name Charlotte Boston Mother's Birthplace Unknown

Name of person giving information Noah S Dennis How related to deceased Brother

CAUSES OF DEATH

36

Primary

Syphilis & Paralysis

long

6 months

Immediate

Cardiac Failure

How long

several days

Are the name, age, sex, color, date and place correctly given above?

Yes

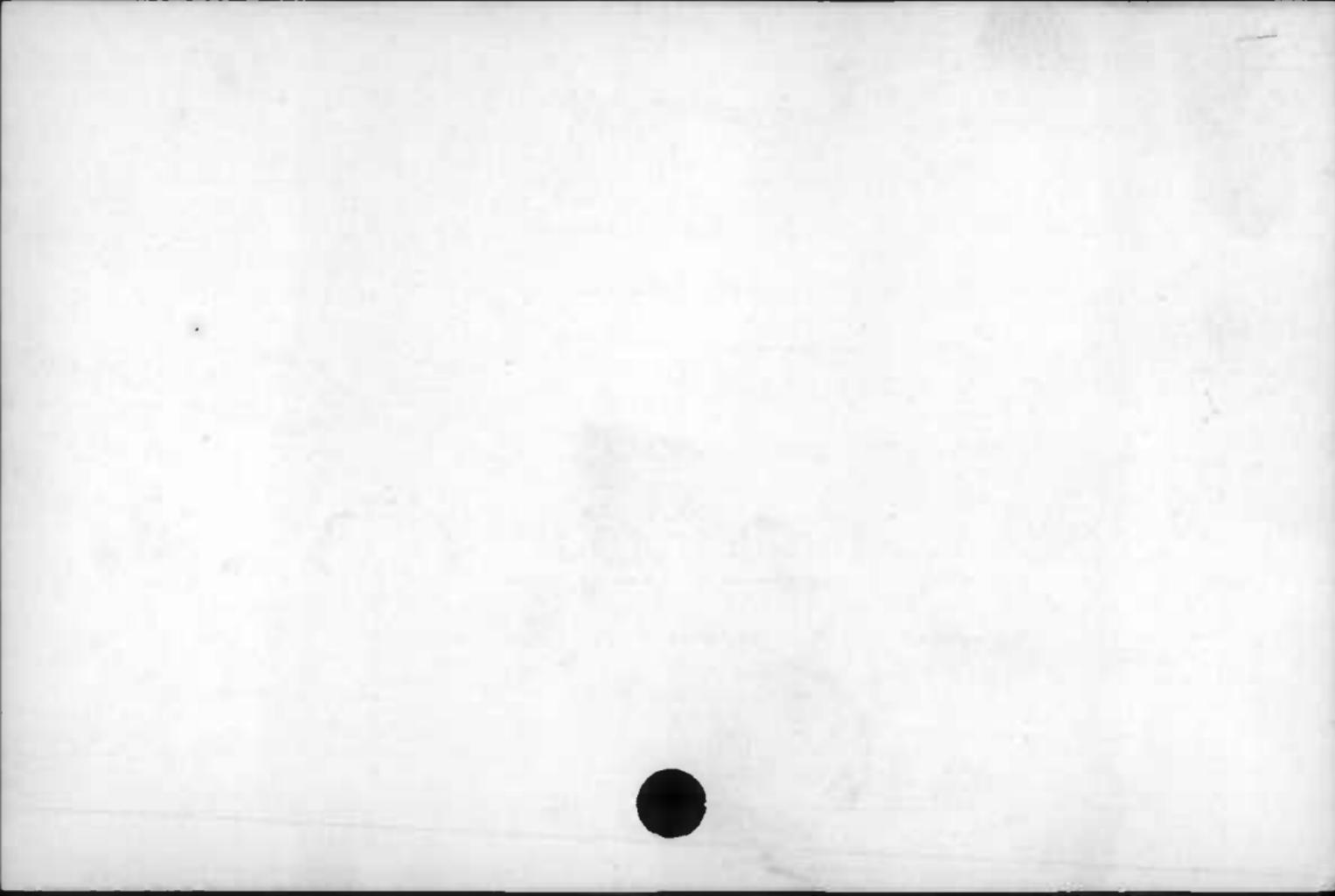
Signature of
Physician

Address

Lester S. Supolday
Cambridge Md

6

Accident or Suicide?



Name
in
Full

Mary E Dent

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Colored	Birthplace	Dorchester Co.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Geo. Dent			
Father's Name	Joseph Ward			Father's Birthplace	Dorchester Co.	
Mother's Maiden Name	Minerva Stevens			Mother's Birthplace	Dorchester Co.	
Name of person giving Information	Joseph Ward			How related to deceased	Father	

CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis		How long
Immediate	Cardiac Failure		several days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dexter F. Reynolds M.D.
		Address	Cambridge Md.
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Lilly F. Ellis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Oct	Day 17	Years	Months 10	Days	
Sex	Female	Color or Race	Black	Birth-place	E. N. market		
Occupation	Infant		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Alexander Ellis		Father's Birthplace	Talbot, Co.			
Mother's Maiden Name	Eugenia Jenkins		Mother's Birthplace	E. N. market			
Name of person giving Information	Alexander Ellis		How related to deceased	Father			

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary

Dropsey -

How long

Two months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

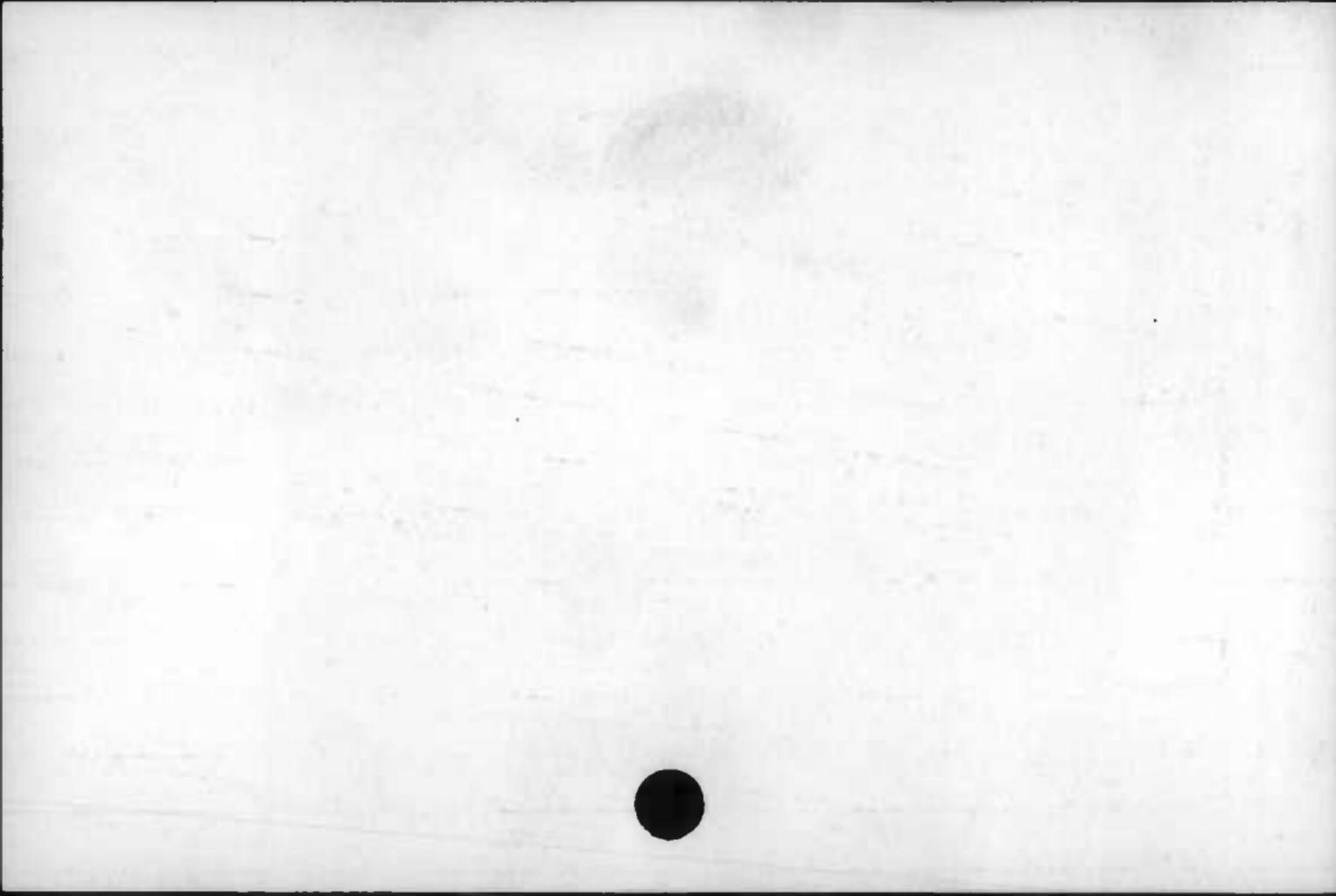
Address

H. F. Nichols M.D.

E. N. market

Mid-

Resident or Suicida



Name
in
Full

Sally Farris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND					
Cauldngr		Dorchester								
Date of death	1908	Month Oct	Day 7	Years	Age	74	Month	—	Day	—
Sex	Female	Color or Race	Colored		Birth-place	Dorchester Co Md				
Occupation	Housewife	Where Reiding if not at place of death								
Married, Single or Widewed	Single	Name of Wife or Husband	Robert Farris							
Father's Name	Unknown	Father's Birthplace					Unknown			
Mother's Maiden Name	Unknown	Mother's Birthplace					Unknown			
Name of person giving Information	Lizzie Camper	How related to deceased								

CAUSES OF DEATH

41

Primary

Cancer of Rectum

How long

About a year

Immediate

Exhaustion

How long

Some weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

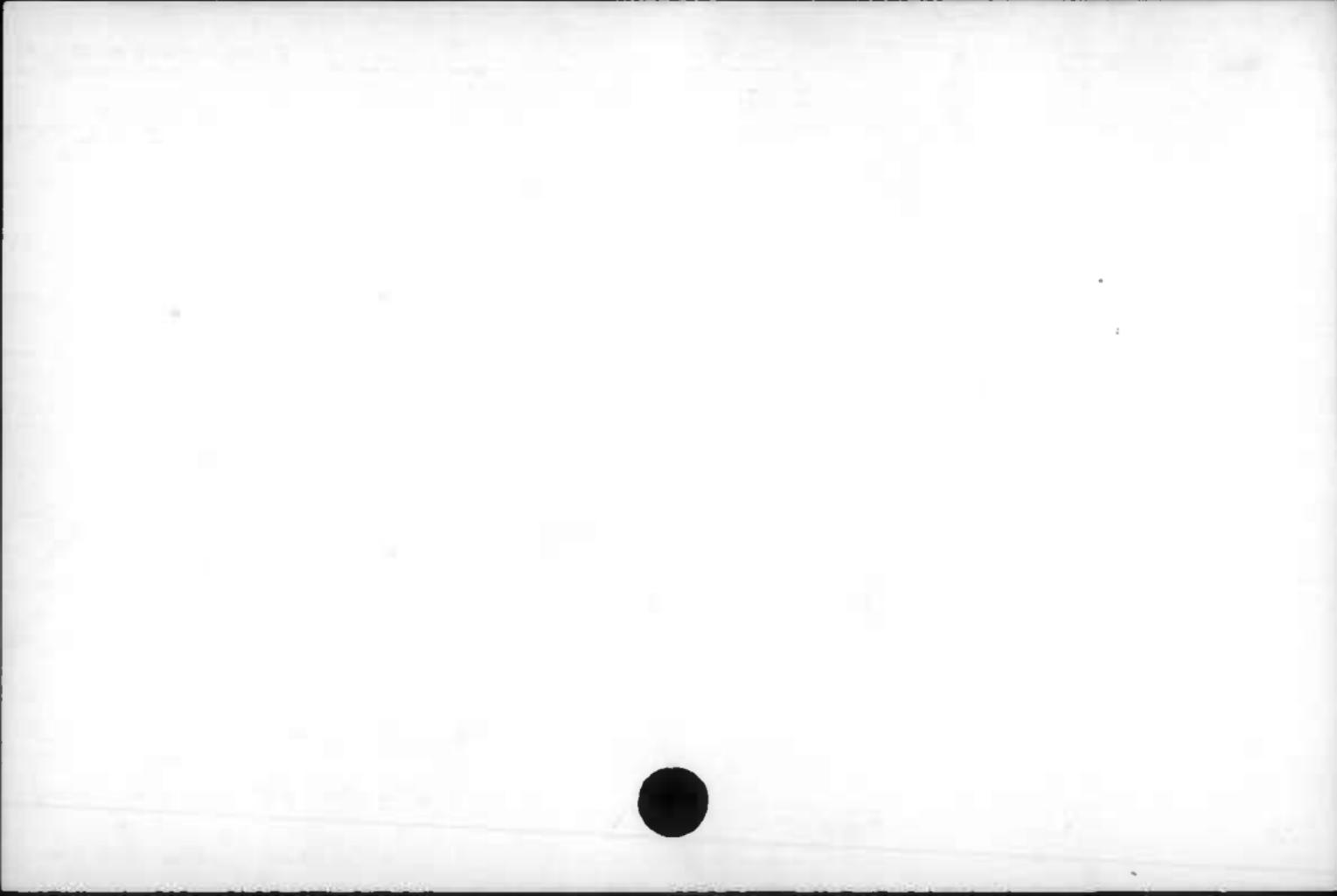
Dr. Goldsborough

Address

Cauldngr Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Lewin Freehely

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Havre de Grace</u>		County <u>Car</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>10</u>	Day <u>3</u>	Age <u>69</u>	Years <u>69</u>	Months <u>0</u>	Days <u>0</u>
Sex <u>male</u>	Color or Race <u>beige</u>			Birth-place <u>Carrol Co Md</u>		
Married, Single or Widowed <u>married</u>			Occupation <u>Soldier</u>			
Name of Wife or Husband <u>Harrietta Freehely</u>						
Father's Name <u>Lynn Freehely</u>			Father's Birthplace <u>Charles Co</u>			
Mother's Maiden Name <u>Lucy Freehely</u>			Mother's Birthplace <u>Charles Co</u>			
Name of person giving information <u>Walter Hutchison</u>			How related to deceased <u>son-in-law</u>			

CAUSES OF DEATH

108

Primary Respiratory Strangulation
How long 24 hours

Immediate the same

How long

Are the name, age, sex, color, date and place correctly given above?

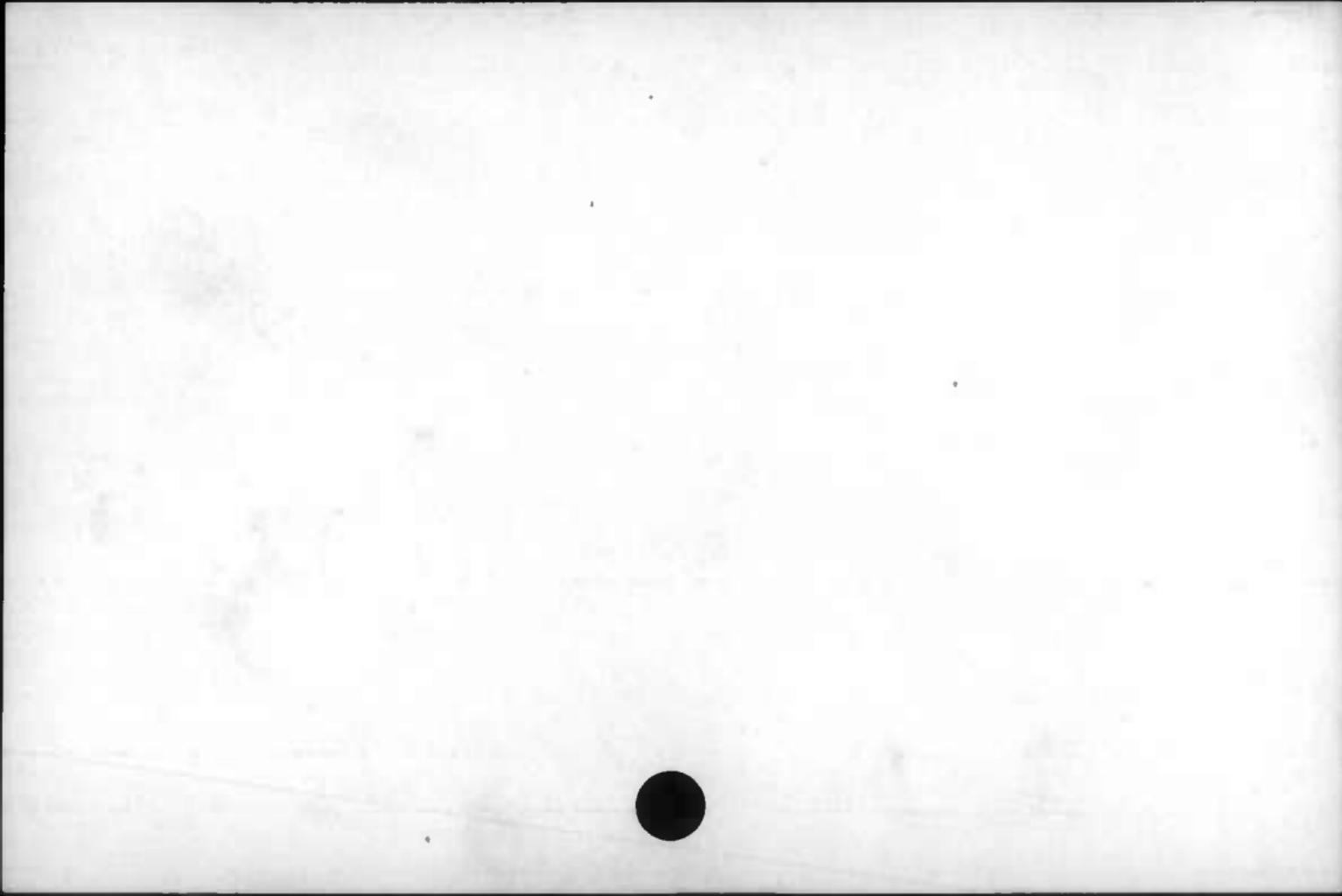
yes

Signature of Physician

Address

Globe Meyers
Havre de Grace

Accident or Suicide?



Name
in
Full

Clarance W Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Cambodge		Md				
Date of death	1908	Month Oct	Day 8	Years	5	Months
Sex	Female	Color or Race	Black	Age	—	Days
Occupation	Baby	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Ernest Fletcher		Father's Birthplace	Cambodge		
Mother's Maiden Name	Oneida Elliott		Mother's Birthplace	Cambodge		
Name of person giving information	Oneida Elliott		How related to deceased	Mother		

CAUSES OF DEATH

104

How long

2 weeks

How long

" "

PHYSICIAN
OR CORONER

Primary

Stomach & Intestines

Immediate

11

11

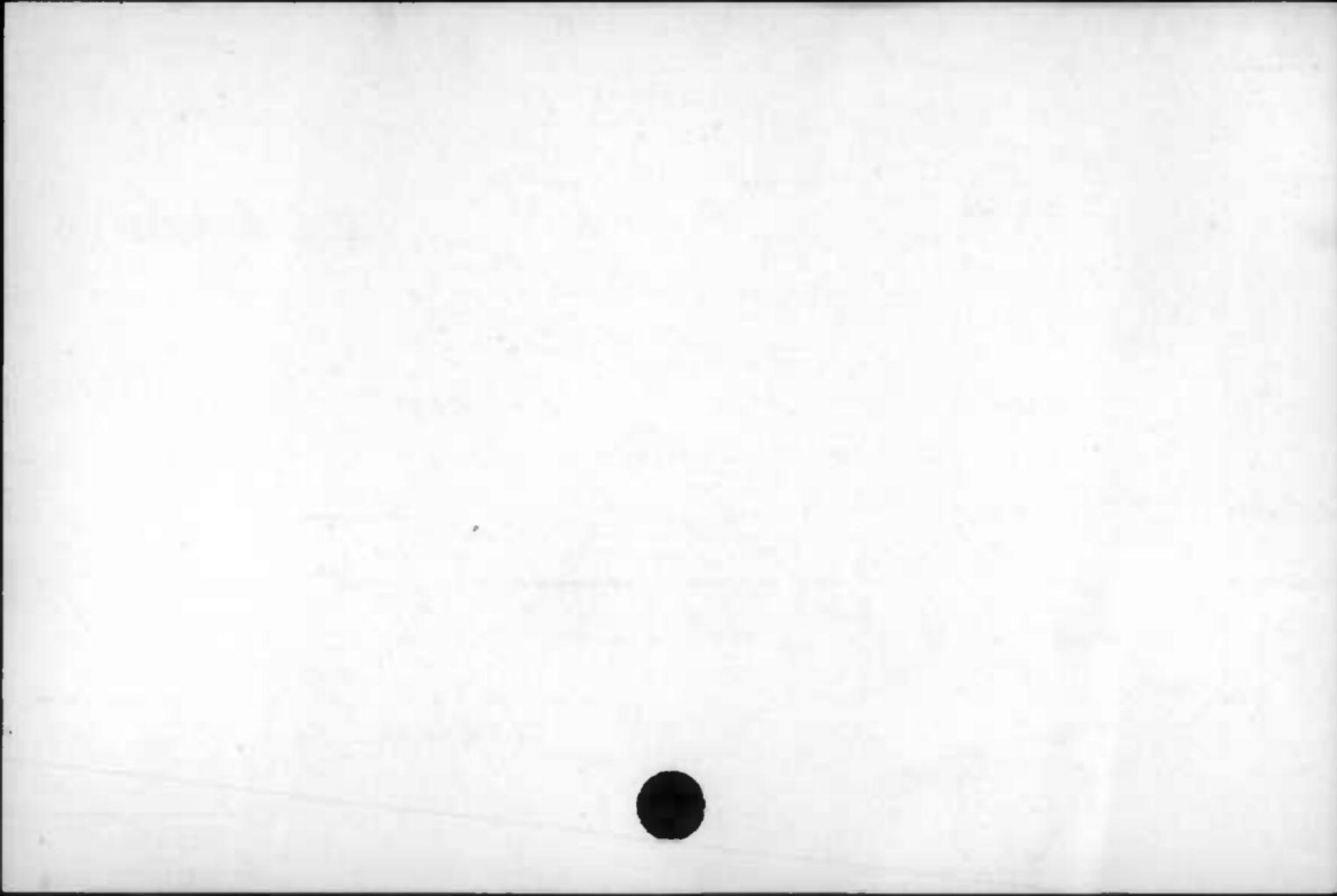
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

No physician
Bertrand Shinn
Justice of the Peace

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Yothan Ferguson

CERTIFICATE OF DEATH

Died at	Town	County			MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1908	Oct	16	65	65	—	—	
Sex	Color or Race	Birth-place			Residence		
Male	Black	Cambridge			Cambridge		
Occupation	Where Residing if not at place of death						
Labour	Caroline Ferguson						
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			Mother's Birthplace		
Married	Rubie Ferguson	Va			"		
Father's Name	Mother's Maiden Name						
Lucy Colayton							
Name of person giving information	How related to deceased						
May Manahan None							

CAUSES OF DEATH

179

How long

1 day

How long

Primary

Heart Failure

Immediate

" "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

No physician

Address

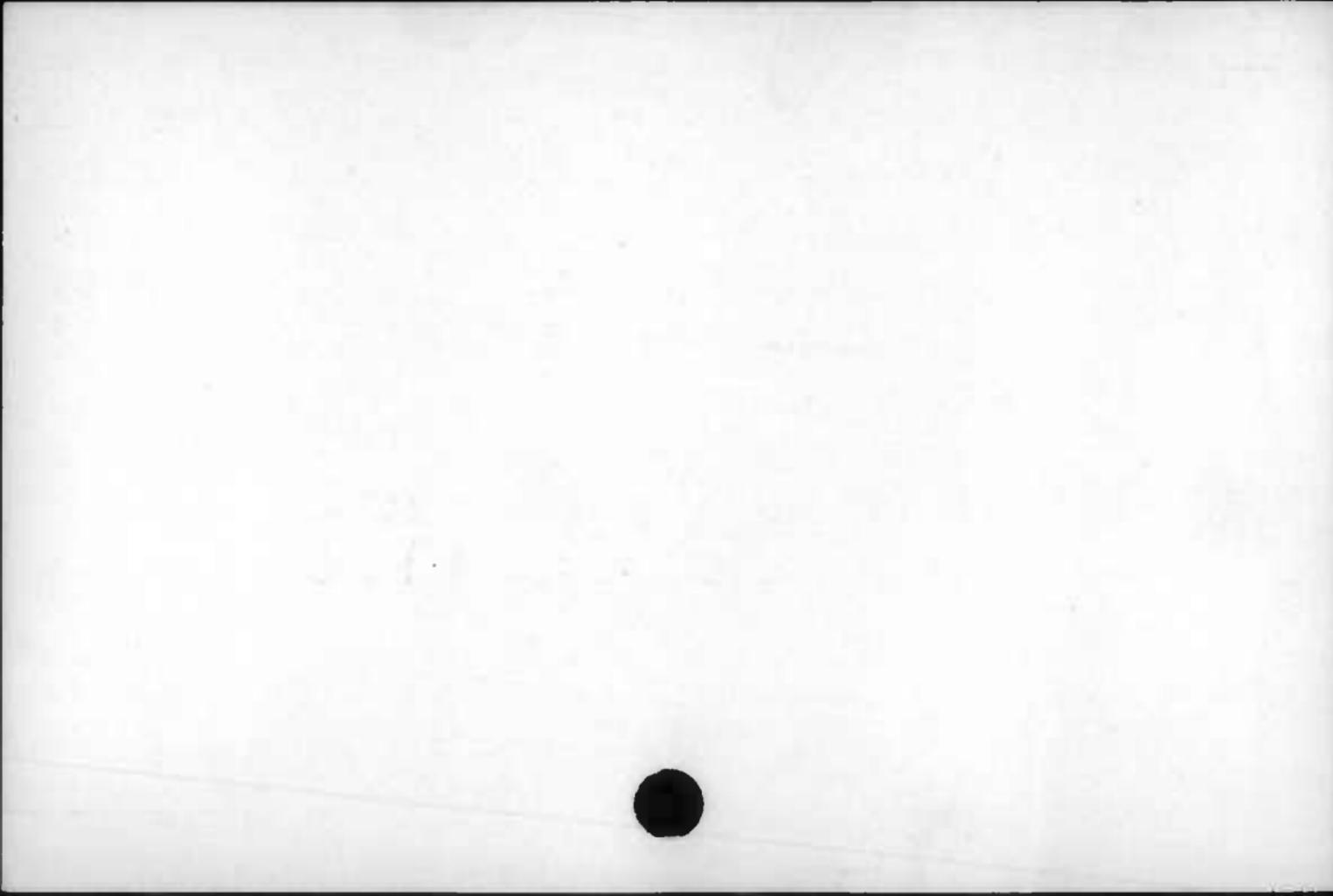
Clement Sullivan

Accident or Suicide?

Justice of the Peace

PHYSICIAN
OR CORONER





Name
in
Full

Annie Gordon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	Geo	MARYLAND	
Date of death 1908		Month Oct	Day 19	Years 50	Months 2	Days 23
Sex	Female	Color or Race	Black	Birth-place	Cambridge	
Occupation	House Wife		Where Residing if not at place of death	Cambridge		
Married, Single or Widowed	Married		Name of Wife or Husband	A. N. Gordon		
Father's Name	Josiah Standley		Father's Birthplace	Cambridge		
Mother's Maiden Name	Anne Hitti		Mother's Birthplace	Cambridge		
Name of person giving Information	J. N. Gordon		How related to deceased	Husband		

CAUSES OF DEATH

28

Primary

Tubercular Meningitis

How long

506 weeks

Immediate

Paralysis of Respiration

How long

Short

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

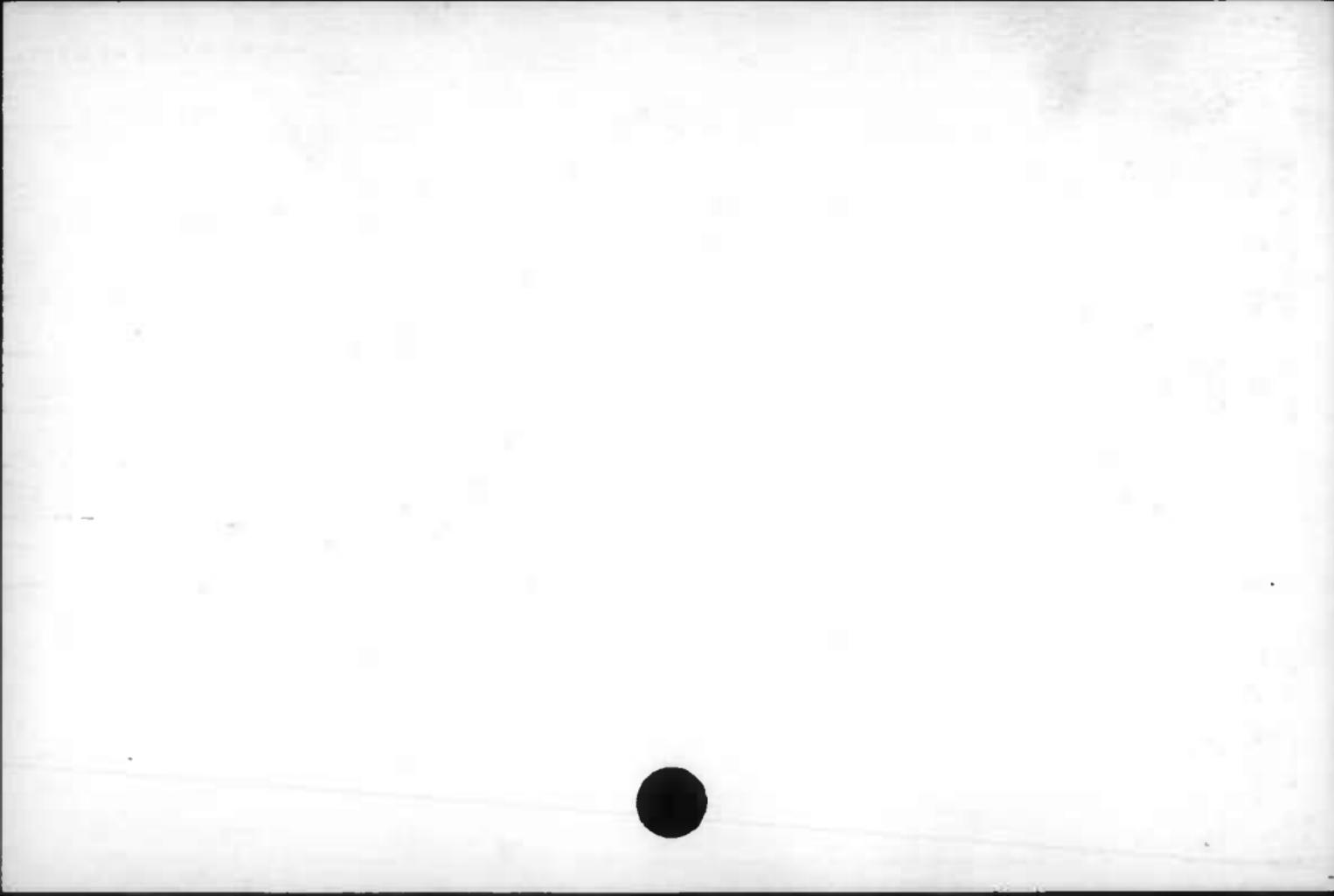
yes

Signature of Physician

Address

E. E. Wolff
Cambridge, Md

Accident or Suicide



Name
in
Full

Charlotte A. P. Goldsborough

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge		Town	County Baltimore		MARYLAND		
Date of death 1908	Month Oct.	Day 14	Years 74	Age 74	Months 3	Days 21	
Sex Female	Color or Race white	Birthplace Dr. E. Md.					
Occupation None	Where Residing if not at place of death —						
Married, Single or Widowed Widow	Name of Wife or Husband Charles F. Goldsborough						
Father's Name John Campbell Young	Father's Birthplace Dr. E. Md.						
Mother's Maiden Name Mary Keane Tull	Mother's Birthplace Dr. E. Md.						
Name of person giving information Guy Tull	How related to deceased Nephew						

CAUSES OF DEATH

Primary **Pul. tuberculosis chronic bronchitis**

27

How long

many years

Immediate **Exhaustion**

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

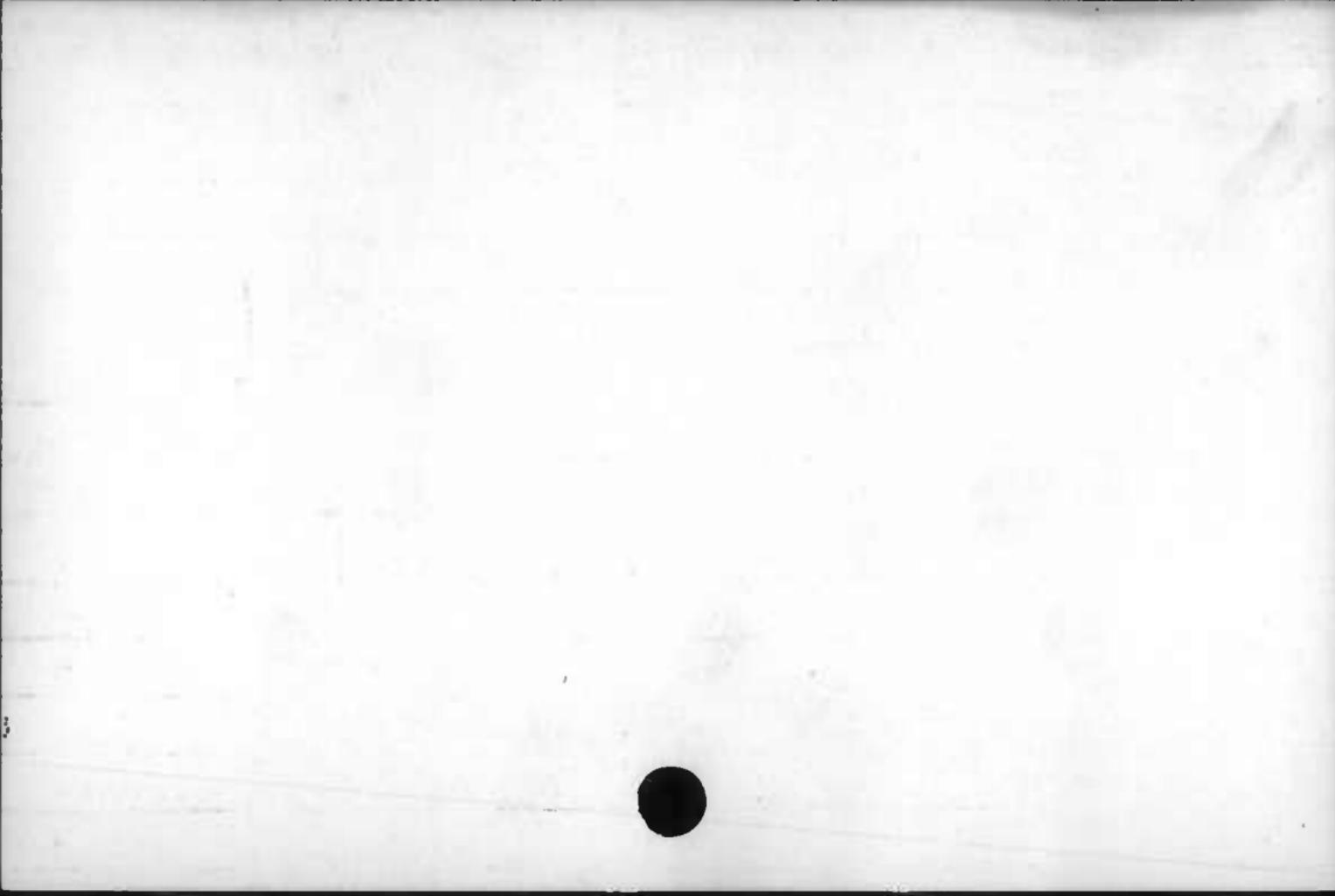
Address

Guy Tull
Cambridge Md.

PHYSICIAN
OR CORONER

[Signature]

Accident or Suicide?



Name
in
Full

John Jackson Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Mr. Harlock

Dorchester

Date of death

Month

Day

Years

MARYLAND

1908

10

15

Age

89

Montha

Deys

Sex

Color or
Race

Birth-
place

Male

Black

Dorchester Co Md

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Jane Jenkins

Father's
Name

Father's
Birthplace

Jade Jenkins

Ind

Mother's
Maiden Name

Mother's
Birthplace

Hennie Cornish

Ind

Name of person giving
Information

Stanbury Jenkins

Son

CAUSES OF DEATH

Primary

Old age

154

How long

Immediate

Old age

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

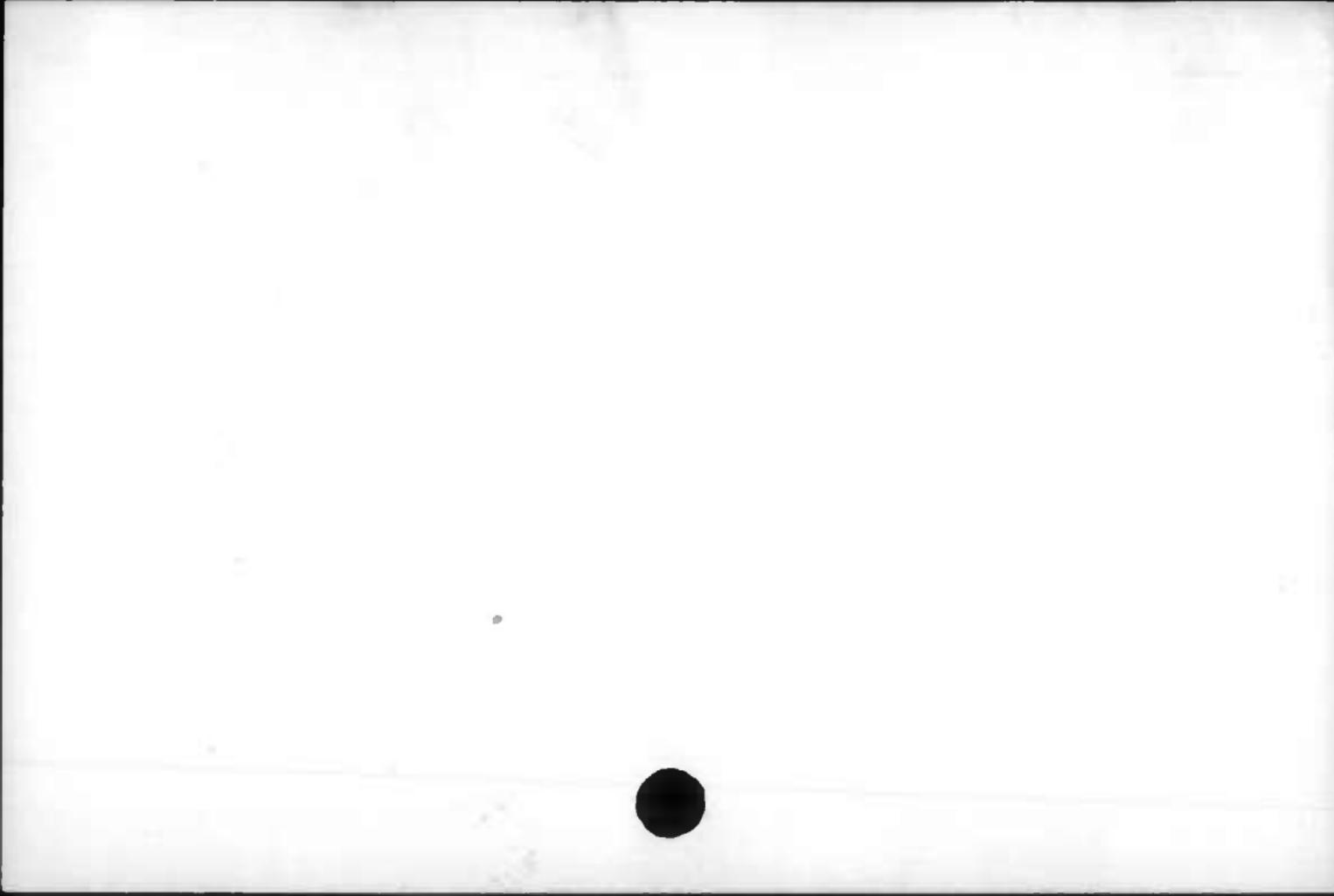
Address

None in attendance.

yes

Robert L Hastings
Sub Registrar

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Wm Dexter Jews

CERTIFICATE OF DEATH

Died at Cambridge		Town Dorchester		County Dorchester		MARYLAND	
Date of death 1908	Month Oct	Day 31	Years ~	Age ~	Months 9	Days ~	
Sex Male	Color or Race Colored	Where Residing if not at place of death —		Birth- place Dorchester Co			
Occupation —							
Married, Single or Widowed Single	Name of Wife or Husband —						
Father's Name Wm Martines					Father's Birthplace Dorchester Co		
Mother's Maiden Name Erica Jews					Mother's Birthplace Dorchester Co		
Name of person giving Information Berrie Martines					How related to deceased Sister		

CAUSES OF DEATH

105

Primary
Diseas of heart.

How long

One week

Immediate
Suffocation

How long

Are the name, age, sex, color, date
and place correctly given above?

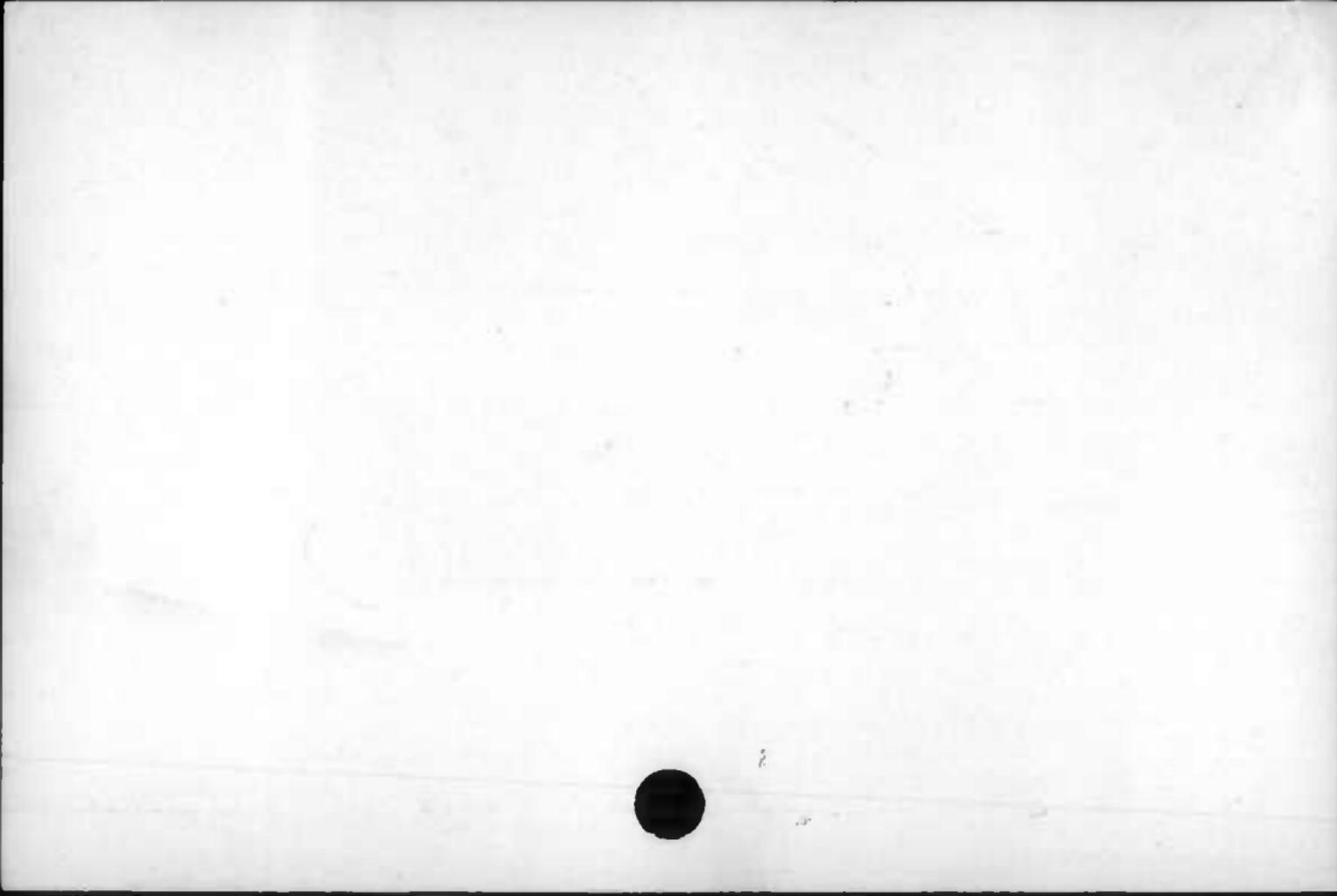
Yes

Signature of
Physician

Address

Dexter S Reynolds M.D.
Cambridge Md

Accident or Suicide?



Name
in
Full

Robert Lambdin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

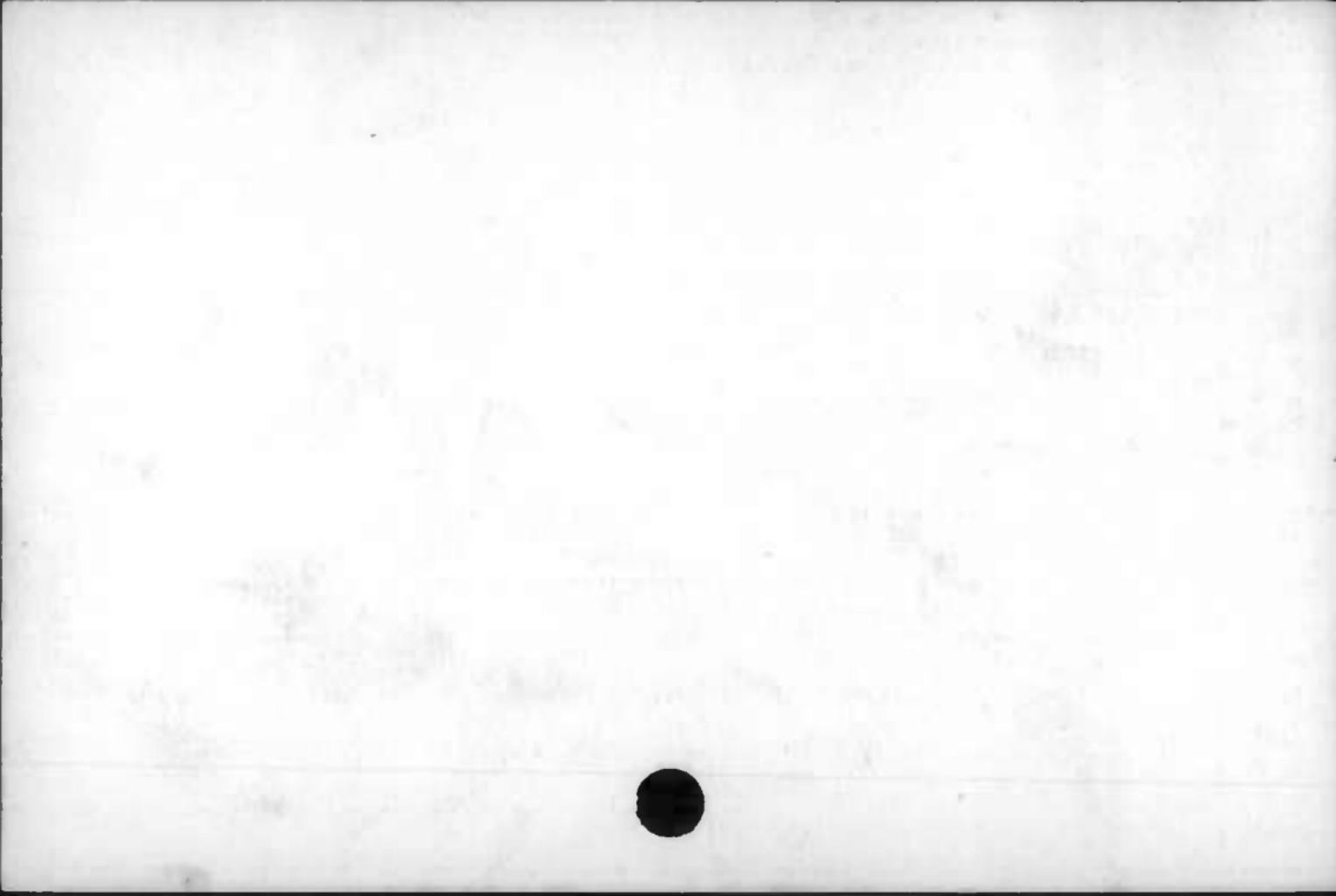
Died at		Town	County	MARYLAND	
Date of death	1908	Month Oct	Day 23	Years	Months 4
Sex	Male	Color or Race	Age 1	Birth-place	Days -
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Robert D. Lambdin				
Mother's Maiden Name	Taylor Lambdin				
Name of person giving Information	Henry W. Lambdin				

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

Primary	Malaria	
Immediate	Tonsilitis	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Address	J. R. K. Shriver Jr. Taylor Island Md.	
Accident or Suicide?		



Name
in
Full

Thomas Dawsford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	Somerset Co
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Maggie Dawsford		
Father's Name	John Dawsford				
Mother's Maiden Name	Maggie Dawsford				
Name of person giving information	How related to deceased				

40

CAUSES OF DEATH

Primary	Carcinoma of Stomach	6 mos
Immediate	Stomach	several weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

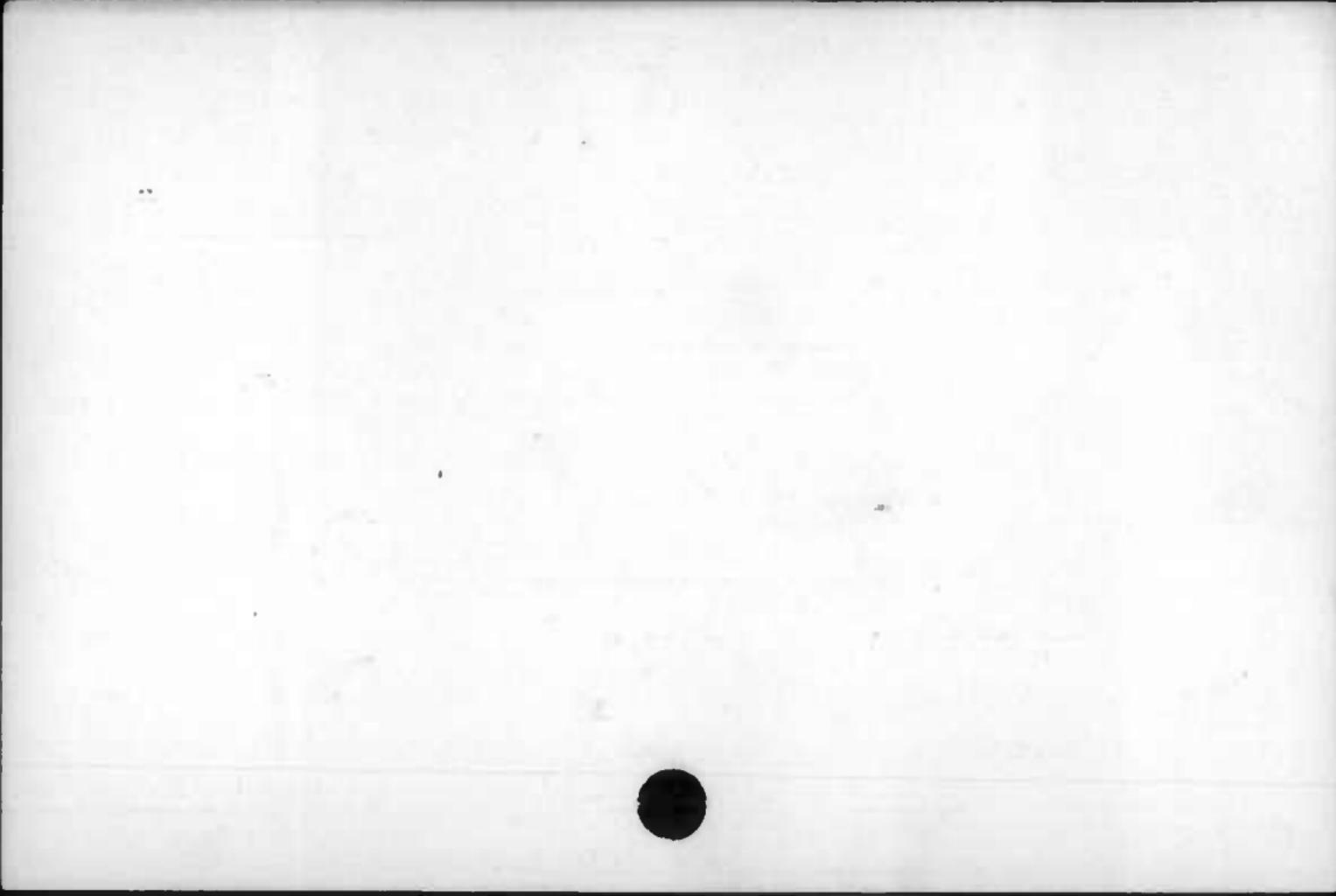
Signature of Physician

Address

Lester J. Reynolds MD
Cambridge, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Caleb Vaughn McNamara

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Cambidge	Md	Dorchester		Maryland		
Date of death	1908	Month Oct	Day 26	Years 60	Month 2	Days 14	
Sax	Male	Color or Race	White	Birthplace Bisubhead			
Occupation	Sailor	Where Residing if not at place of death Cambidge					
Married, Single or Widowed	Married	Name of Wife or Husband	Hester A McNamara				
Father's Name	Clement McNamara				Father's Birthplace	Bishophead	
Mother's Maiden Name	Hester Cazette				Mother's Birthplace	11	
Name of person giving Information	C. E. McNamara				How related to deceased	Son	

CAUSES OF DEATH

130

Primary

Chronic Nephritis

How long

two years

Immediate

"

"

How long

Are the name, age, sex, color, date and place correctly given above?

yes

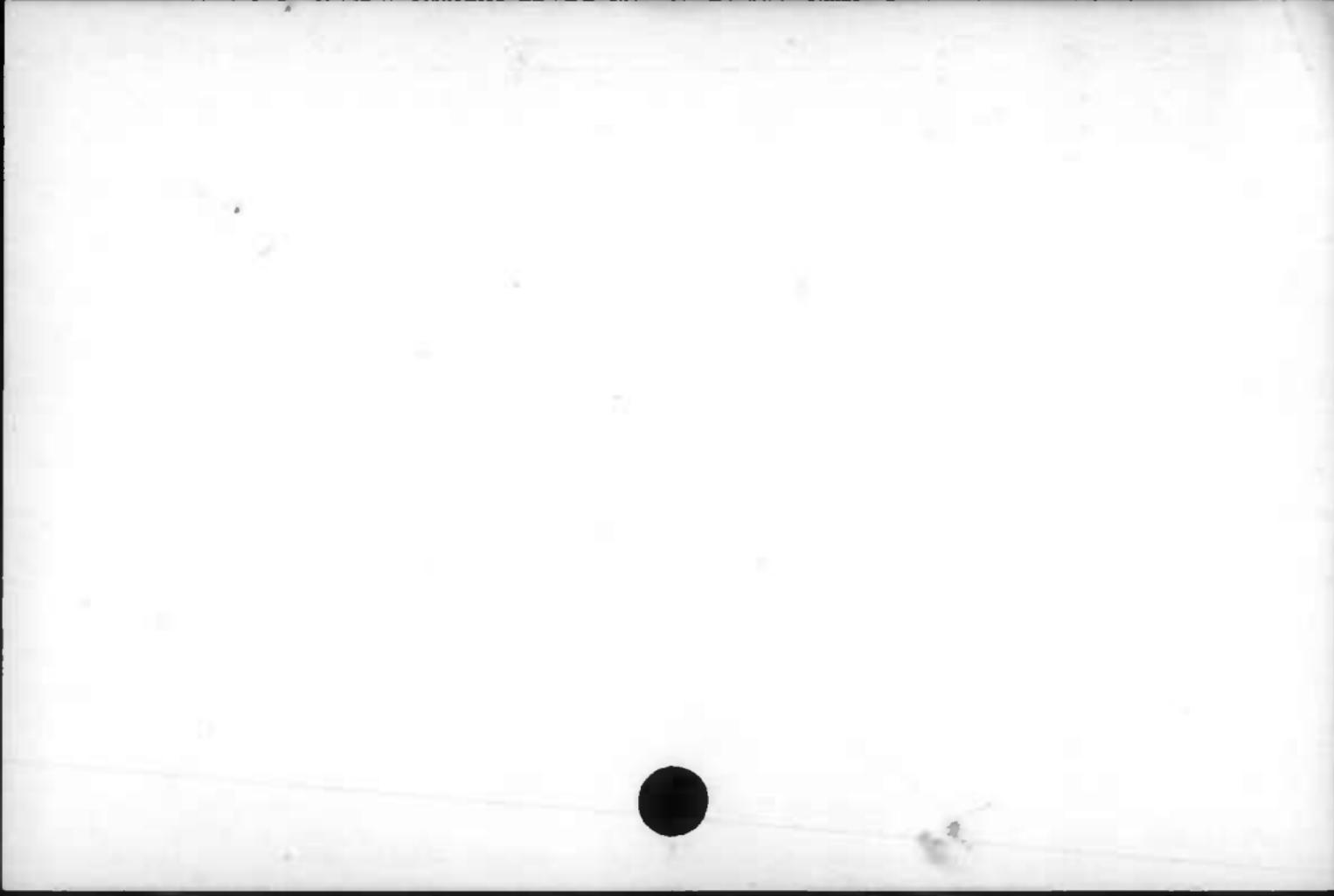
Signature of Physician

Address

J. E. Young
Cambidge Md

9

Accident or Suicide



Name
in
Full

Wheland, J. Mendrik

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tudaville</u>		County <u>our</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Oct.</u>	Day <u>26</u>	Age <u>14</u>	Years	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>	Birthplace <u>our Co</u>				
Occupation <u>None</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>James Mendrik</u>	Father's Birthplace <u>son Co</u>					
Mother's Maiden Name <u>Alice Mason</u>	Mother's Birthplace <u>our Co</u>					
Name of person giving Information <u>Alice Mendrik</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

1

How long

5 weeks

Immediate

Untreated pneumonia

21 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

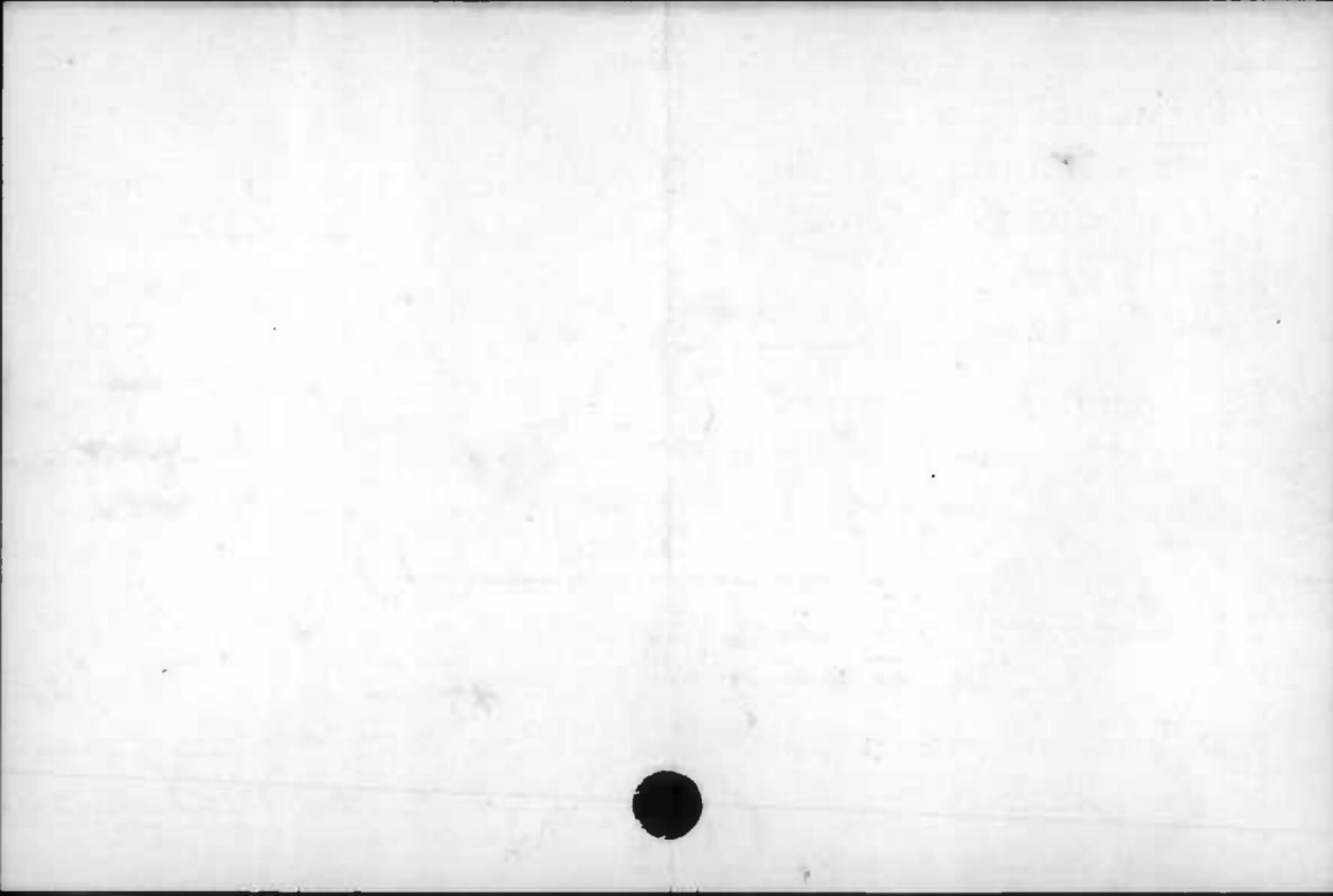
Signature of Physician

O. Shastley

Address

Wingate Twp

Accident or Suicide?



Name
in
Full

No Name infant Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1908		Month Oct.	Day 23	Age	Month	Day	
Sex Female		Color or Race	White		Birth-place		Cambridge, Md.
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		J. B. Mills		Father's Birthplace		Maryland	
Mother's Maiden Name		Lucy Elliott		Mother's Birthplace		..	
Name of person giving information		J. B. Mills		How related to deceased		Father	
CAUSES OF DEATH							
Primary		Cord around Neck of child.		How long		Can't say as I never saw case until	
Immediate		Asphyxia.		How long after child was born			

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

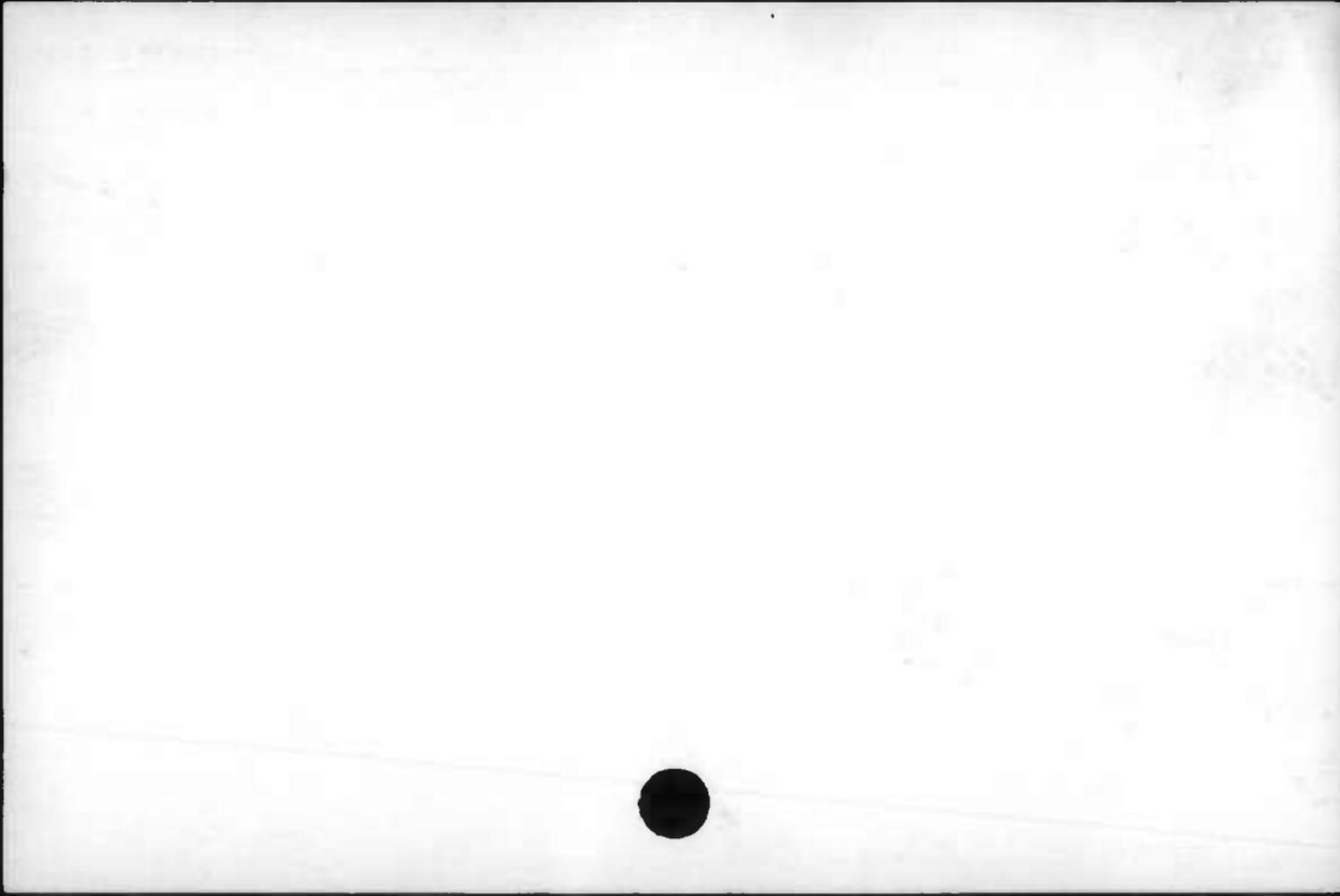
Signature of Physician

Address

E. E. Wolff
Cambridge, Md.

Accident or Suicide

Willis Mills



Name
in
Full

Nattie Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Drawbridge</u>		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Oct.</u>	Day <u>24</u>	Years <u>18</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Don't Know</u>			
Occupation <u>attending School</u>	Where Residing if not at place of death <u>Drawbridge</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>J. M. Neal</u>	Father's Birthplace <u>Drawbridge</u>				
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace <u>Don't Know</u>				
Name of person giving information <u>J. M. Neal</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

1

How long 3 weeks

How long 12 hours

PHYSICIAN
OR CORONER

Primary

Typhoid

Immediate

Prostration

Are the name, age, sex, color, date and place correctly given above?

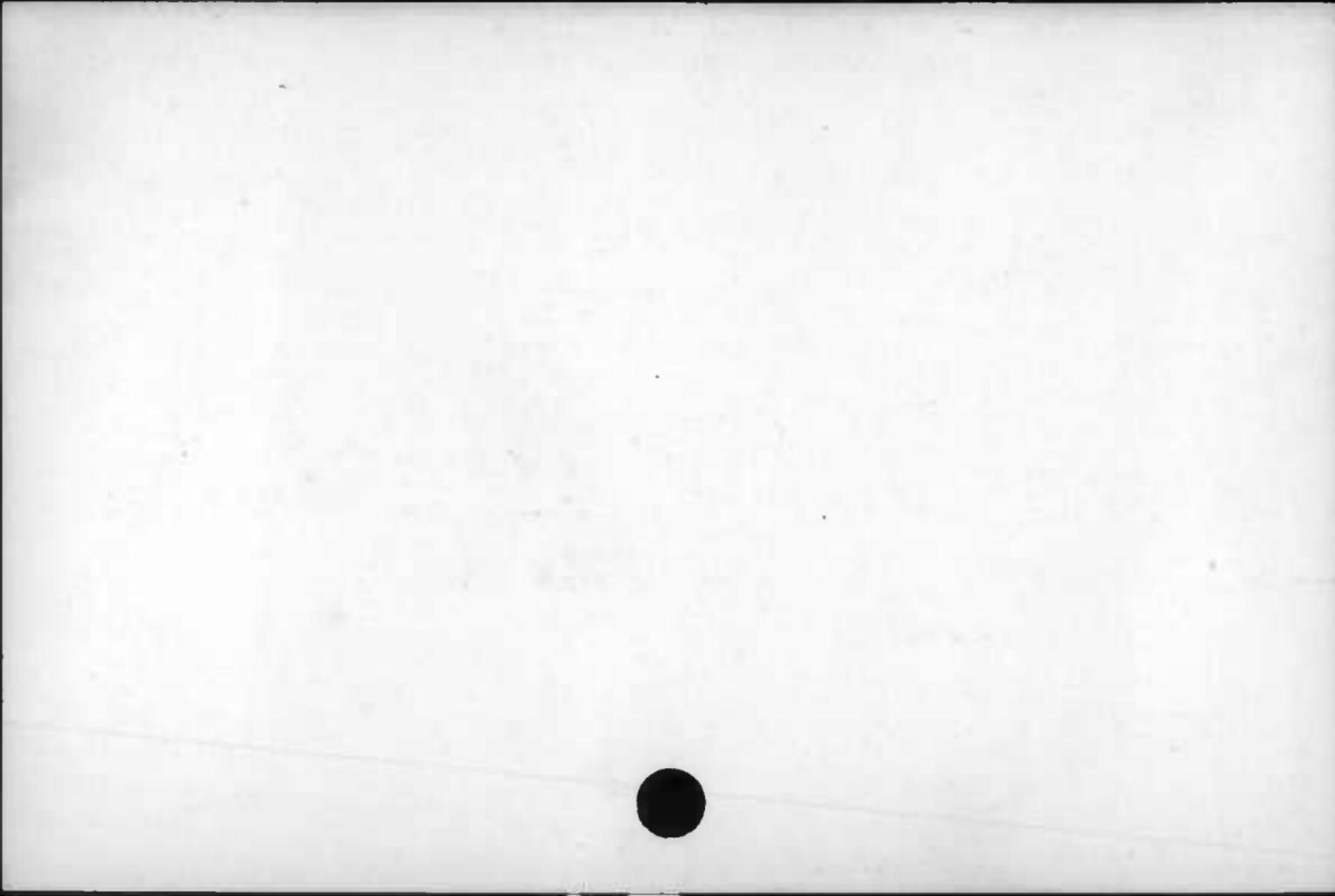
as far as I know

Signature of Physician

Address

R. J. Price
Vienna
Md.

Accident or Suicide? accident



Name
in
Full

Joseph Henry Paul

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Joseph H Paul			Father's Birthplace	MD
Mother's Maiden Name	Sarah F Cook			Mother's Birthplace	MD
Name of person giving Information	Sarah F Cook			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

1 How long

Gastroenteritis 2 weeks

Immediate

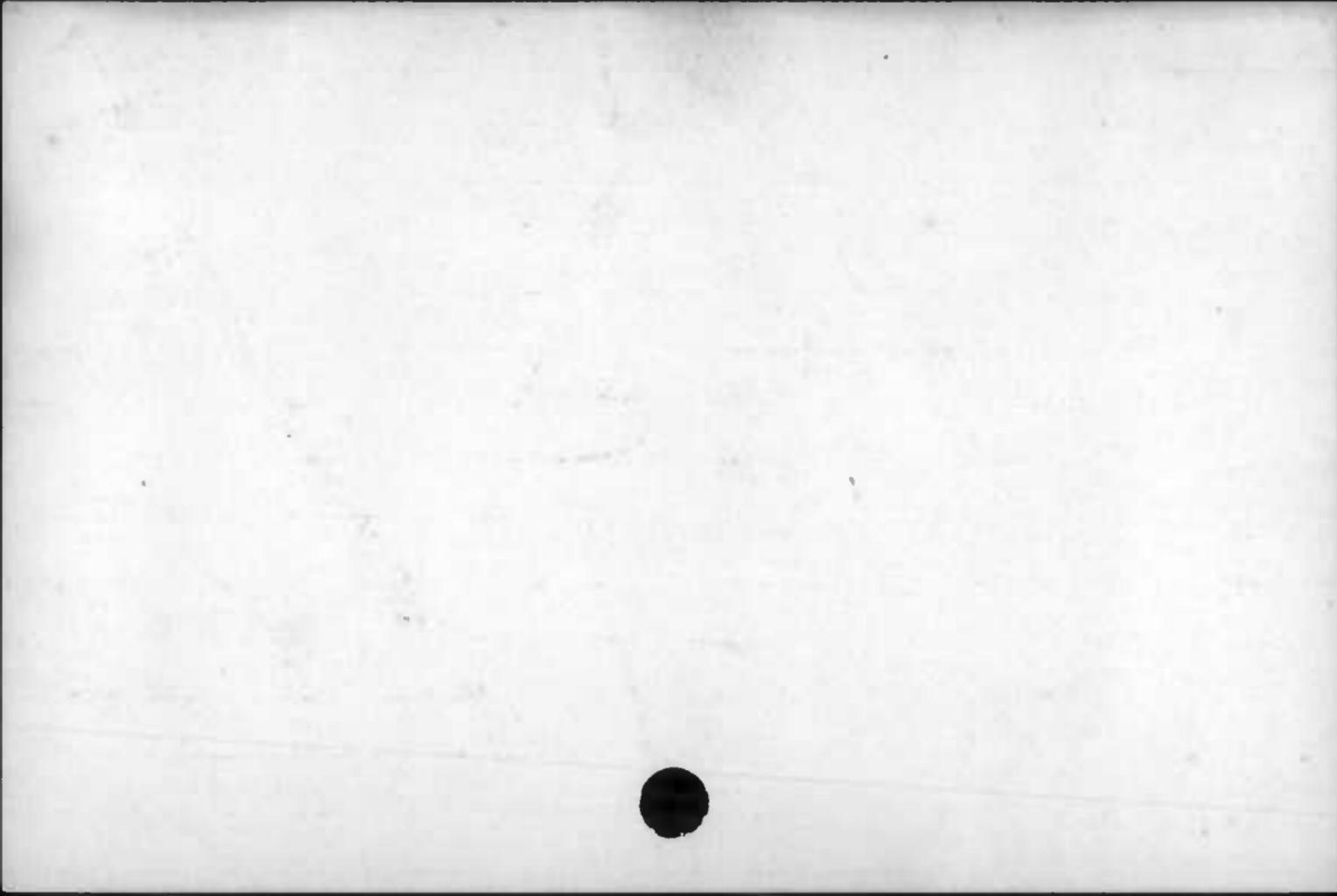
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Address



Name
in
Full

Vance Prettyman.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

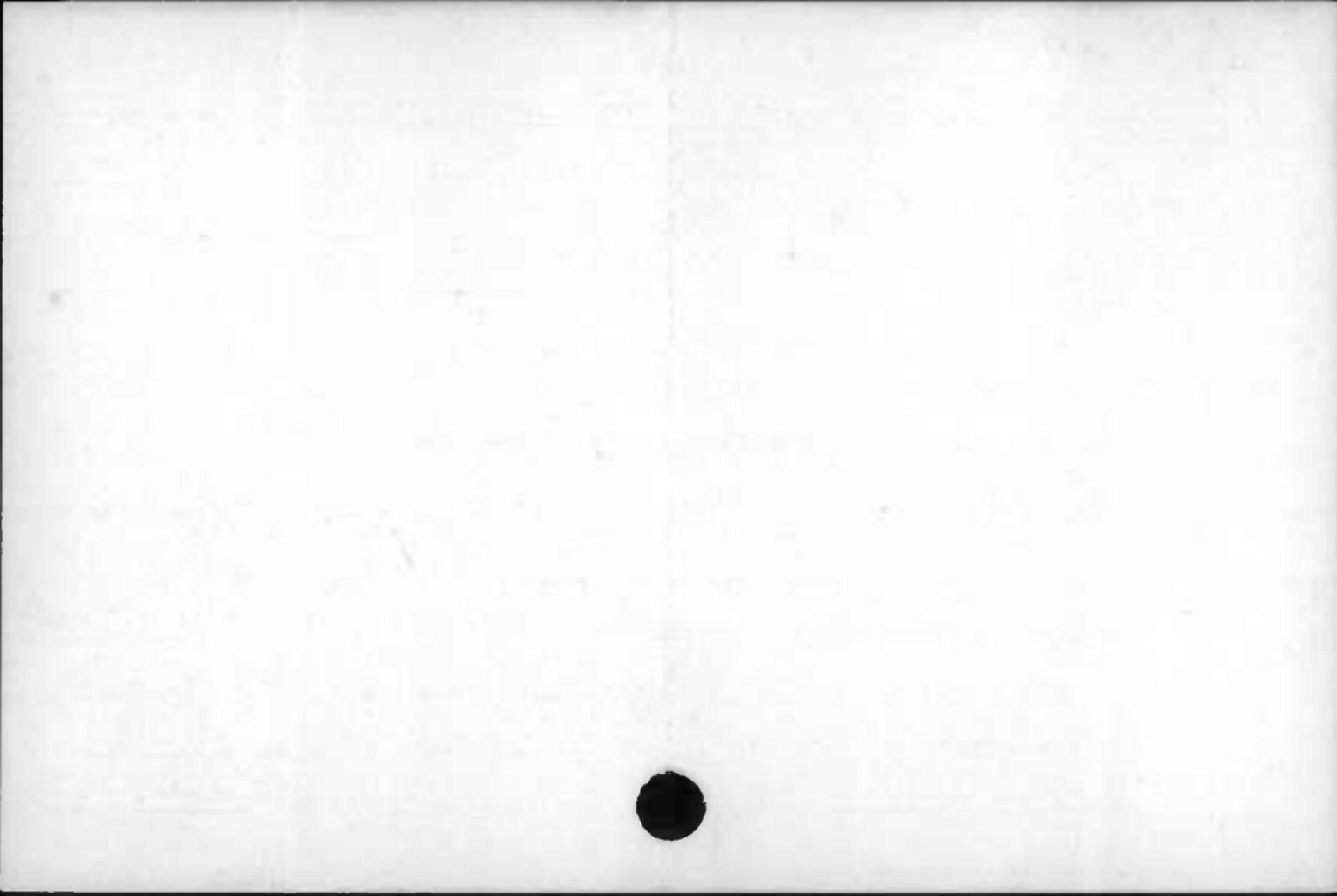
6
PHYSICIAN
OR CORONER

Died at <u>Craps</u>		Town <u>Dan</u>		County		MARYLAND	
Date of death <u>1908</u>	Month <u>Oct.</u>	Day <u>26</u>	Age <u>16.</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Delaware</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				Father's Birthplace <u>Delaware</u>		
Father's Name <u>John W. Prettyman</u>				Mother's Birthplace <u>Delaware</u>			
Mother's Maiden Name <u>Jannie Cork</u>				Name of person giving information <u>John W. Prettyman</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

1

Primary <u>Siphond</u>	How long <u>5 weeks</u>
Immediate <u>Internal Hemorrhage</u>	How long <u>20 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>P. Shanesbury</u>
	Address <u>Concord-Tide</u>
Accident or Suicide?	



Name
in
Full

Edward L Pritchard

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County			MARYLAND	
Died at <u>Secretary</u>	Month <u>10</u>	Day <u>30</u>	Years	Months <u>11</u>	Days
Date of death <u>1908</u>	Age	Color or Race <u>White</u>	Birth-place <u>Dorchester</u>		
Sex <u>Male</u>	Where Residing if not at place of death				
Occupation					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		
Father's Name <u>Chas M Pritchard</u>			Dorchester		
Mother's Maiden Name <u>Nora Matilda Elsworth</u>			Mother's Birthplace		
Name of person giving information <u>Chas M Pritchard</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malaria

Immediate

Influenza

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

105

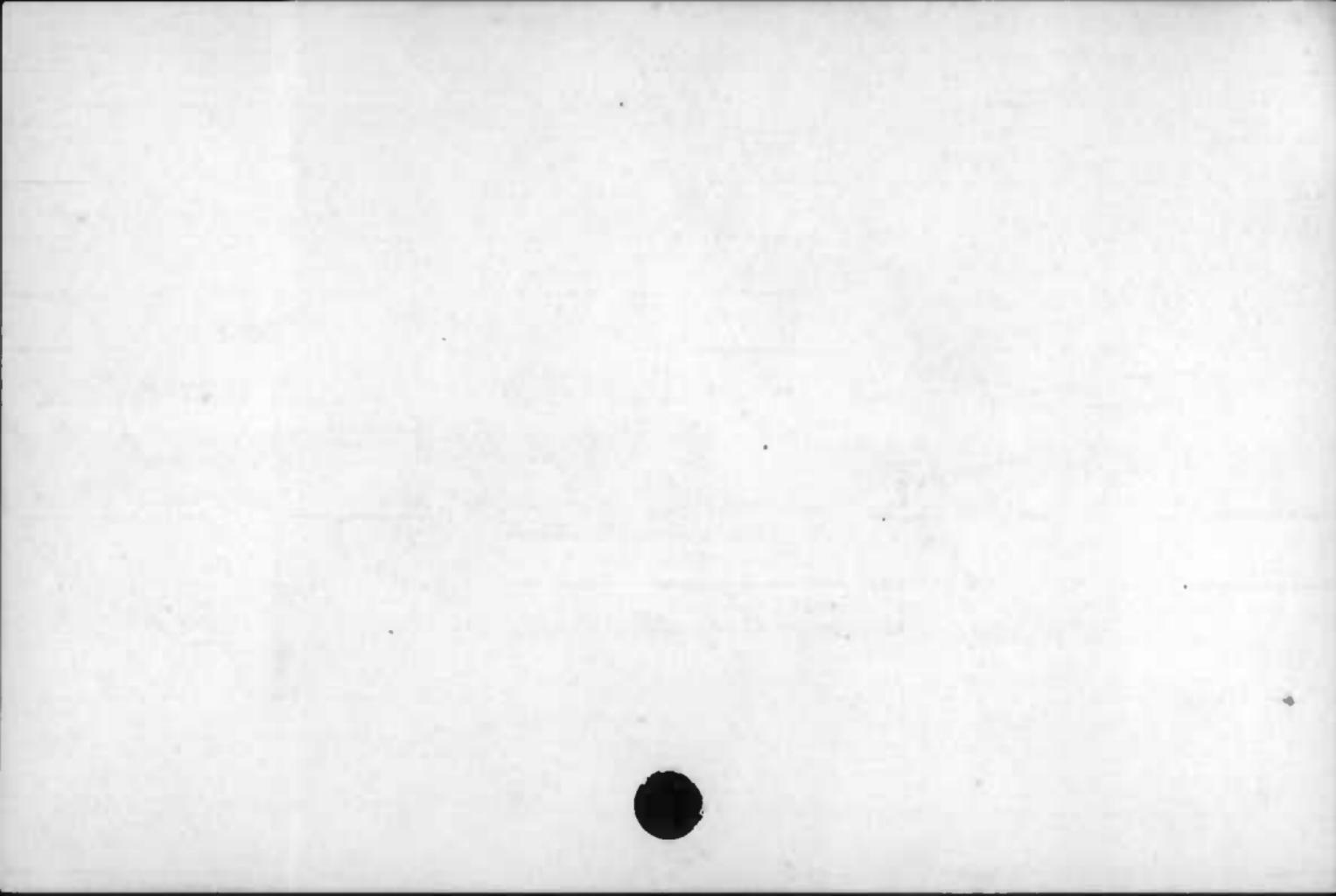
How long

How long

six month

A. F. Nichols and
E. N. Moxley
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William L. Saunders

CERTIFICATE OF DEATH

Died at <u>Milton</u>		Town	<u>Dorchester</u>		County	<u>MARYLAND</u>		
Date of death <u>1908</u>	Month <u>Oct.</u>	Day <u>19th</u>	Age <u>62</u>	Years	Months <u>0</u>	Days <u>7</u>		
Sex <u>Male</u>	Color or Race <u>White</u>				Birth-place <u>Dorchester</u>			
Occupation <u>Sailor</u>	Where Residing if not at place of death							
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Susan A. Miles</u>							
Father's Name <u>William Saunders</u>			Father's Birthplace <u>Dorchester</u>					
Mother's Maiden Name <u>Lillian A. Christopher</u>			Mother's Birthplace <u>Dorchester</u>					
Name of person giving information <u>Benjamin R. Saunders</u>			How related to deceased <u>Son</u>					

CAUSES OF DEATH

Primary

Chronic interstitial nephritis

Immediate

Mitral regurgitation

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

R. L. Smithson Jr.
Church Creek, Md

Address

Accident or Suicide?

120

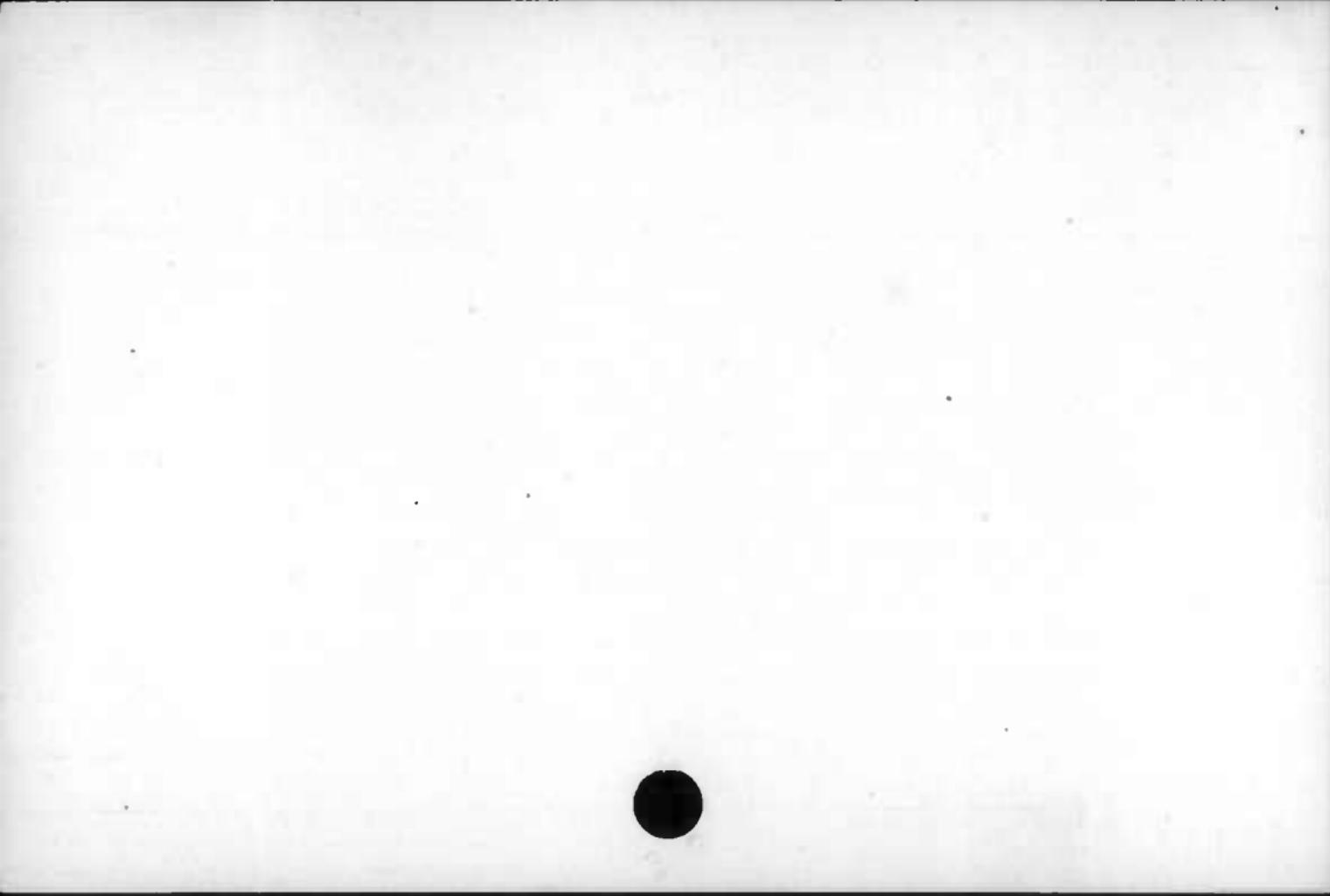
How long

5 mos.

How long

5 weeks

LIBRARY BUREAU 486616



Name
in
Full

Christina Eare Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Cambridge</u>		Town	County <u>Dorchester</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>31</u>	Age	Years	Months <u>5</u> Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place			
Occupation <u>W</u>	Where Residing if not at place of death <u>W</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>W</u>				
Father's Name <u>George Smith</u>	Father's Birthplace <u>Dorchester Co</u>				
Mother's Maiden Name <u>Mary Eare</u>	Mother's Birthplace <u>Dorchester Co</u>				
Name of person giving Information <u>George Smith</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

92

How long

5 weeks

How long

several days

PHYSICIAN
OR CORONER

Primary

Broncho Pneumonia

Immediate

Cardiac Failure

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of
Physician

Dexter B. Reynolds M.D.

Address

Cambridge Md

Accident or Suicide?

Dear Mr. Hull

Name
in
Full

Clinton A Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Crabs District no 5		Town	County Dorchester	MARYLAND	
Date of death 1908 October	Month	Day 11th	Years —	Months 8	Days —
Sex male	Color or Race white	Birth-place Crabs Dorcs and			
Occupation none	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name A P Smith	Father's Birthplace Lakesville Dorco and				
Mother's Maiden Name Eva B Foxwell	Mother's Birthplace Crabs				
Name of person giving Information George Kiriwin	How related to deceased uncle				

CAUSES OF DEATH

Primary

Stomach Trouble

104

How long

one week

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

no Physician in attendance

**Wm H H Pritchett J P
Bishop Head and**

Accident or Suicide?

Name
In
Full

Mathew J. T. Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Died at	E. N. Market		Dorchester			
Date of death	1908	Month Oct	Day 29	Years 67	Months 10	Days
Sex	Male	Color or Race	White	Birth-place	Md.	

Occupation Retired Farmer

Where Residing if not
at place of death

Married, Single
or Widowed married

Name of Wife or
Husband

Mary Jane Smith

Father's
Birthplace

Fork Dist-

Father's Name Mathew Smith

Fork Dist-

Mother's
Maiden Name Sarah Brodawm

Mother's
Birthplace

Fork Dist

Name of person giving
Information

How related
to deceased

Mary Jane Smith

wife

CAUSES OF DEATH

120

How long

Primary dropsy Chronic Bright's organic heart disease

Two years

How long

Immediate Paralysis Brain

five days

Are the name, age, sex, color, date
and place correctly given above?

yes

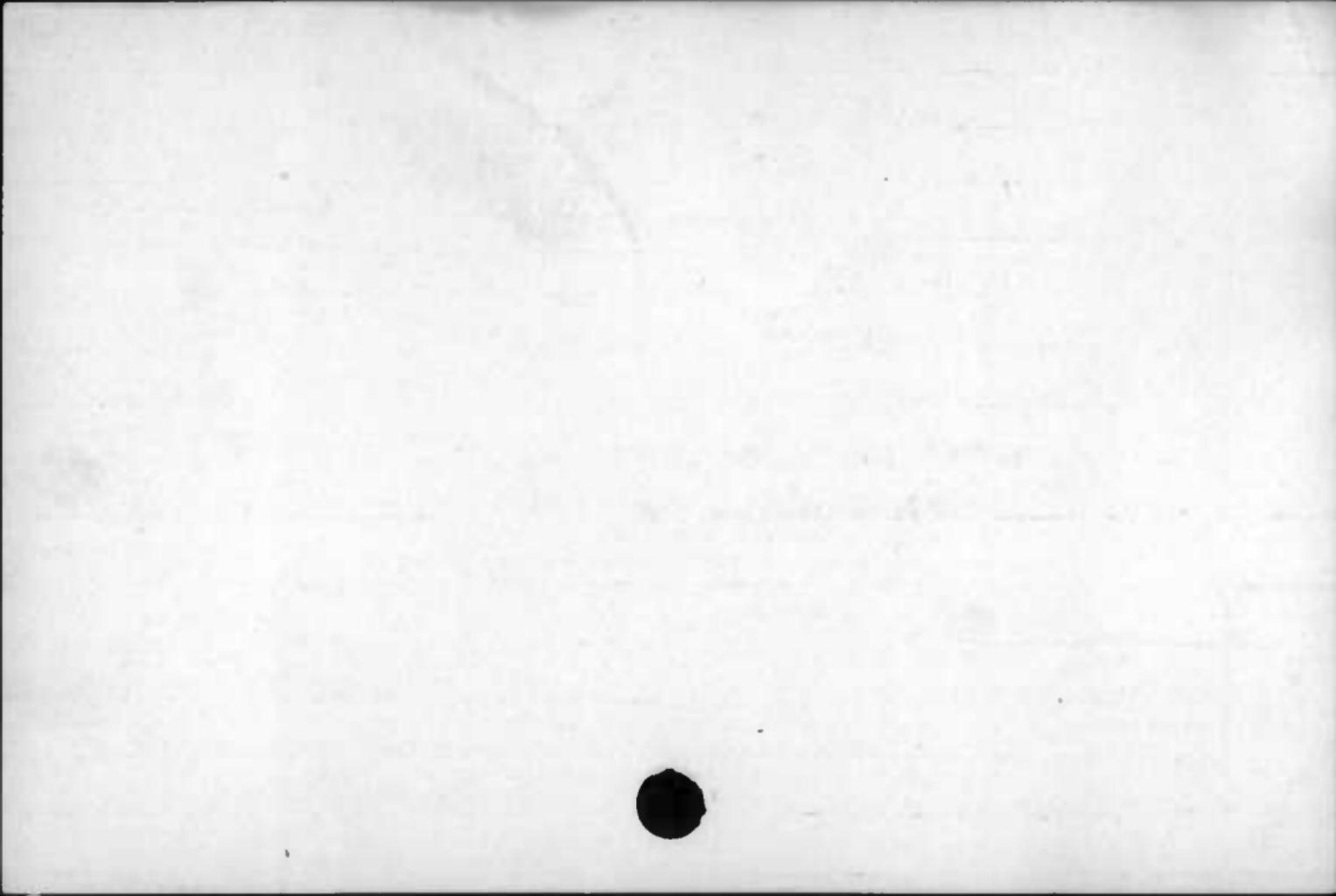
Signature of
Physician

H. F. Nichols M.D.

Address

E. N. Market, Md.

Accident or Suicide?



Name
in
Full

Paul C Smith

CERTIFICATE OF DEATH

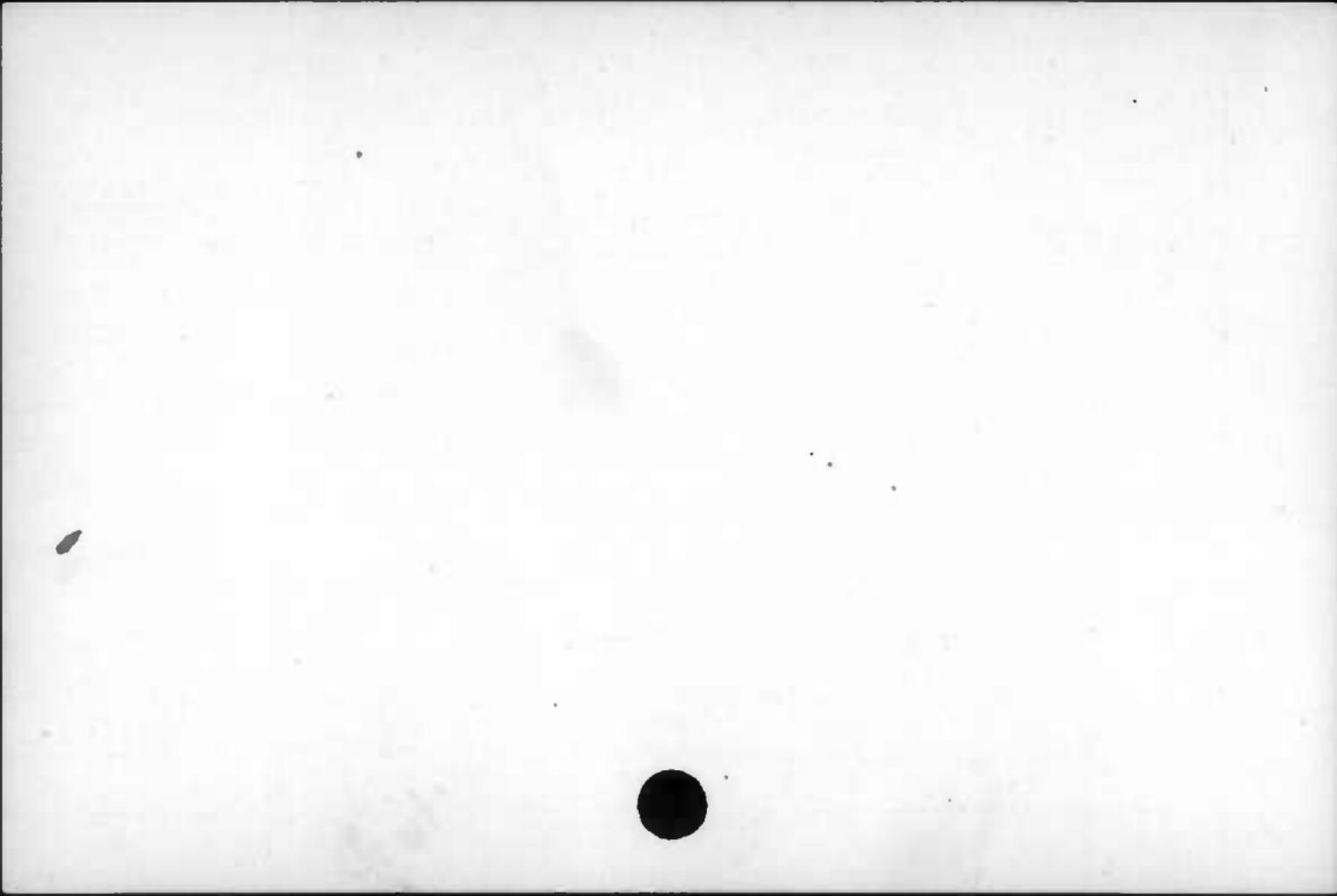
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>crags District no 5</u>		Town	County <u>Dorchester</u>		MARYLAND	
Date of death <u>1908 october 18</u>	Month	Day	Years	Months	Days	
Sex <u>male</u>	Color or Race <u>white</u>	Age <u>—</u>	Birth-place <u>crags Dorcomd</u>			
Occupation <u>None</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>A P Smith</u>			Father's Birthplace <u>Lakesville Dor as md</u>			
Mother's Maiden Name <u>Eva R Foxwell</u>			Mother's Birthplace <u>crags Dorco m d</u>			
Name of person giving Information <u>George Kiwin</u>			How related to deceased <u>uncle</u>			
CAUSES OF DEATH						
Primary <u>Insuff</u>	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;">179</div>					
	How long					
Immediate						
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>no Physician in attendance</u>					
	Address <u>Wm H Pritchett J P</u>					
Accident or Suicide?	<u>Bishops Head md</u>					

yes

Address



Name
in
Full

Betha Stanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	Count	MARYLAND		
Bucktown		Dorchester		Month	Days	
Date of death	1908 Oct.	Month	Day	Age	24	8
Sex	Female	Color or Race	Colored		Birth-place	Dorchester
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Irving Stanley			
Father's Name	John W. Stanley		Father's Birthplace	Bucktown		
Mother's Maiden Name	Melinda Davis		Mother's Birthplace	Bucktown		
Name of person giving Information	Howard Fauer		How raised to deceased	Uncle		

CAUSES OF DEATH

27

How long

8 or 10 months

How long

11 "

Primary

Consumption

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

No physician

Chesapeake & Atlantic
Justice of the Peace

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Ezekiel Vickroy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at Cambridge	Dorchester			
Date of death 1908	Month October	Day 29	Years 83	Months 5
Sex Male	Color or Race white	Birth-place	Don't Know	
Occupation Retired Farmer	Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband	Lizzie Harris		
Father's Name	Don't Know	Father's Birthplace	Unknown	
Mother's Maiden Name	Don't Know	Mother's Birthplace	Unknown	
Name of person giving Information	Egleston M. Moore	How related to deceased	Not at all	

CAUSES OF DEATH

10

How long

70 days

How long

short

Primary

Pneumonia & Grippe

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

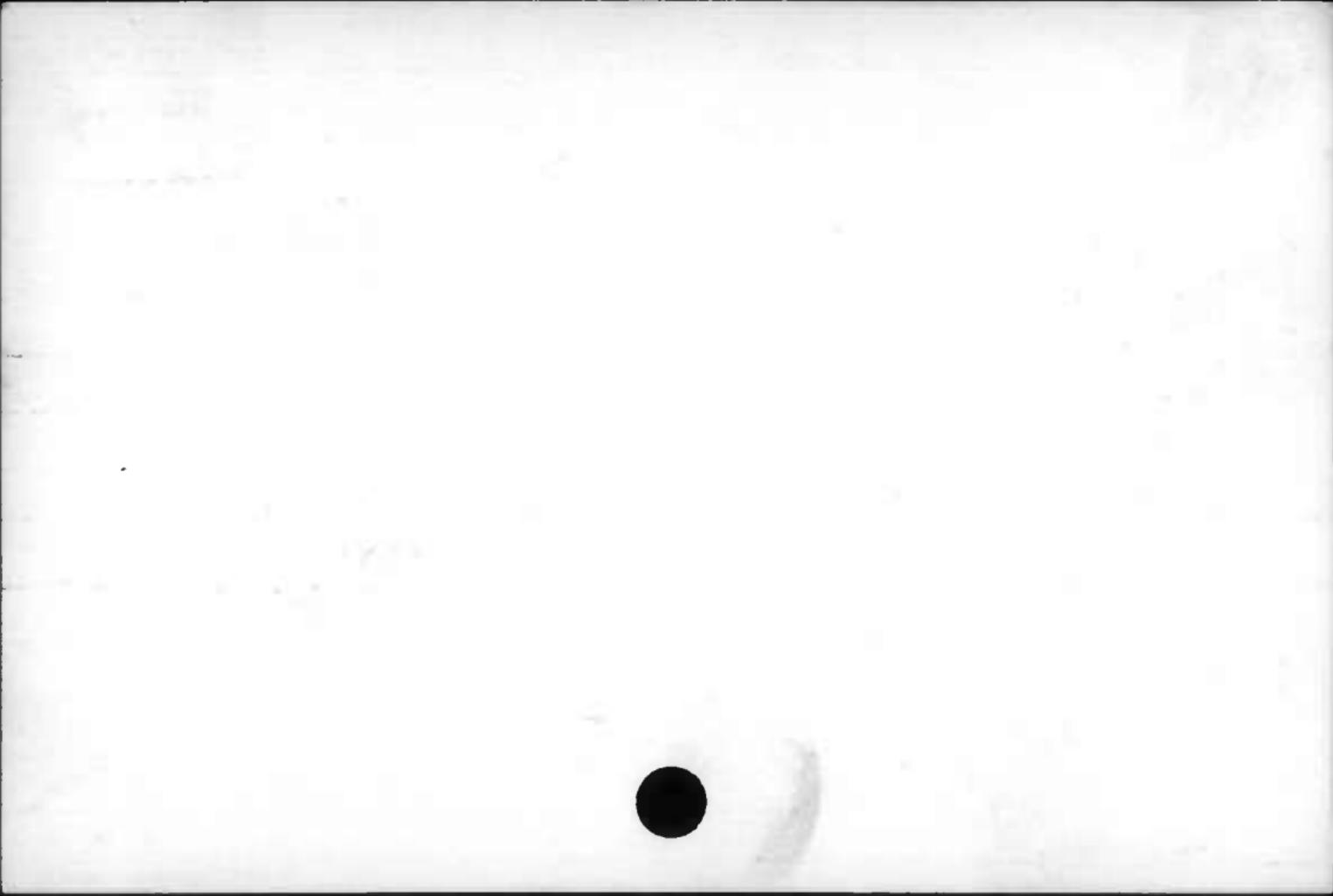
Address

E. E. Wolff

Cambridge, Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Mary G. Waples

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Oct.	Day 1	Years 32	Months	Days
Sex	Female	Color or Race	White		Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death		Cambridge "	
Married, Single or Widowed	Married	Name of Wife or Husband	George M. Waples		Father's Birthplace	Maryland
Father's Name	George T. Davy				Mother's Birthplace	"
Mother's Maiden Name	Abella Thaddeus				How related	Widowed Husband
Name of person giving Information	George M. Waples				How long	5 hours

CAUSES OF DEATH

136

Primary Placenta praevia + Fissure
Immediate Ruptured uterus hemorrhage

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

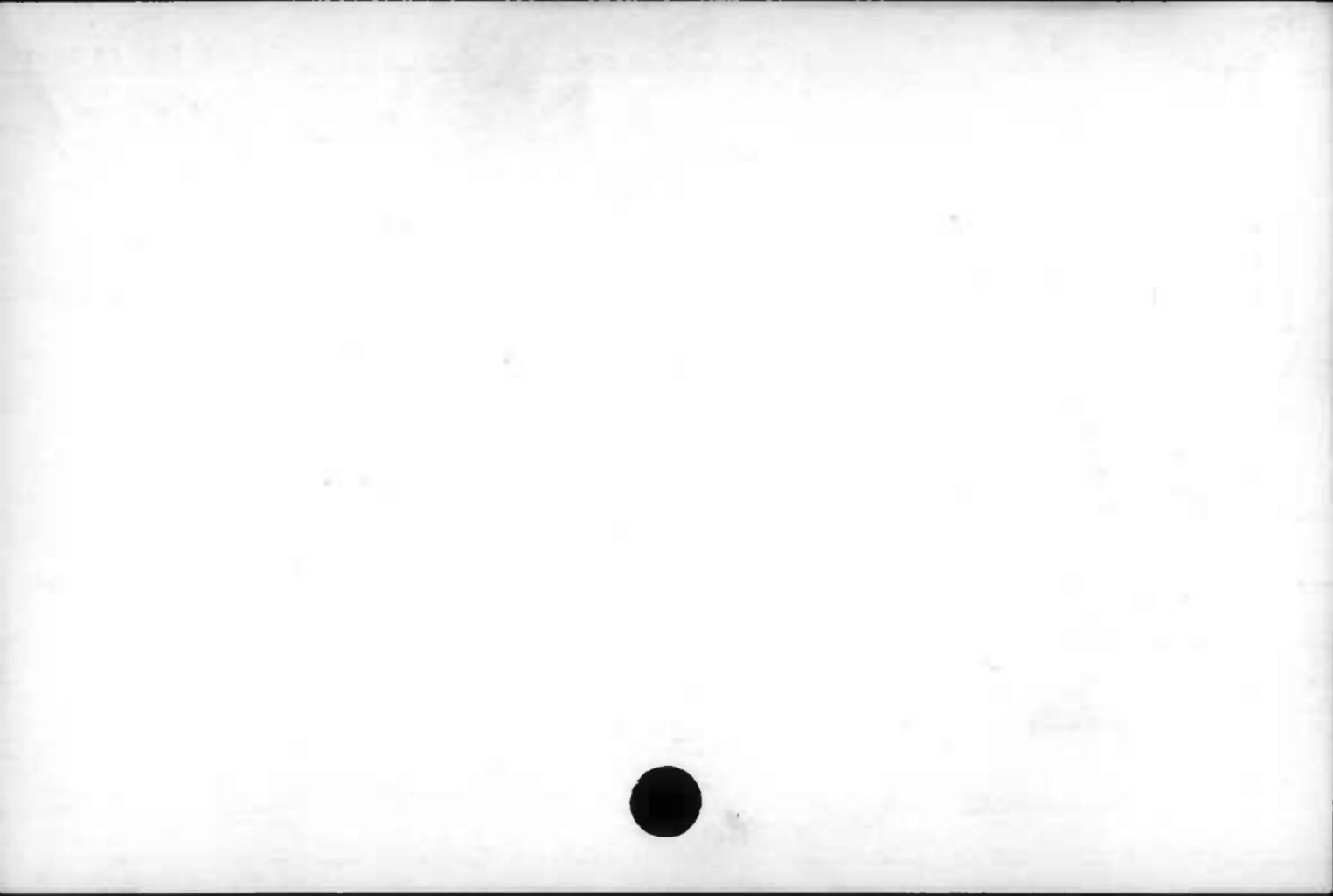
Yes

Signature of
Physician

Address

George Still
Cambridge Md.

Accident or Suicide



Name

in
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Arby Winsley

CERTIFICATE OF DEATH

Died at Lakesville		Town		County		MARYLAND	
Date of death 1908	Month october	Day 5 th	Age 6	Years 6	Months 7	Days 1	
Sex male	Color or Race white	Birth-place Lakesville Lakesville					
Occupation none	Where Residing if not at place of death Lakesville Lakesville						
Married, Single or Widowed single	Name of Wife or Husband						
Father's Name Wm Winsley	Father's Birthplace Lakesville						
Mother's Maiden Name Sarah Triggo	Mother's Birthplace Madison						
Name of person giving information Robert Winsley	How related to deceased uncle						

CAUSES OF DEATH

166

Primary

car upset and barrel went ^{over} him

How long

immediate

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

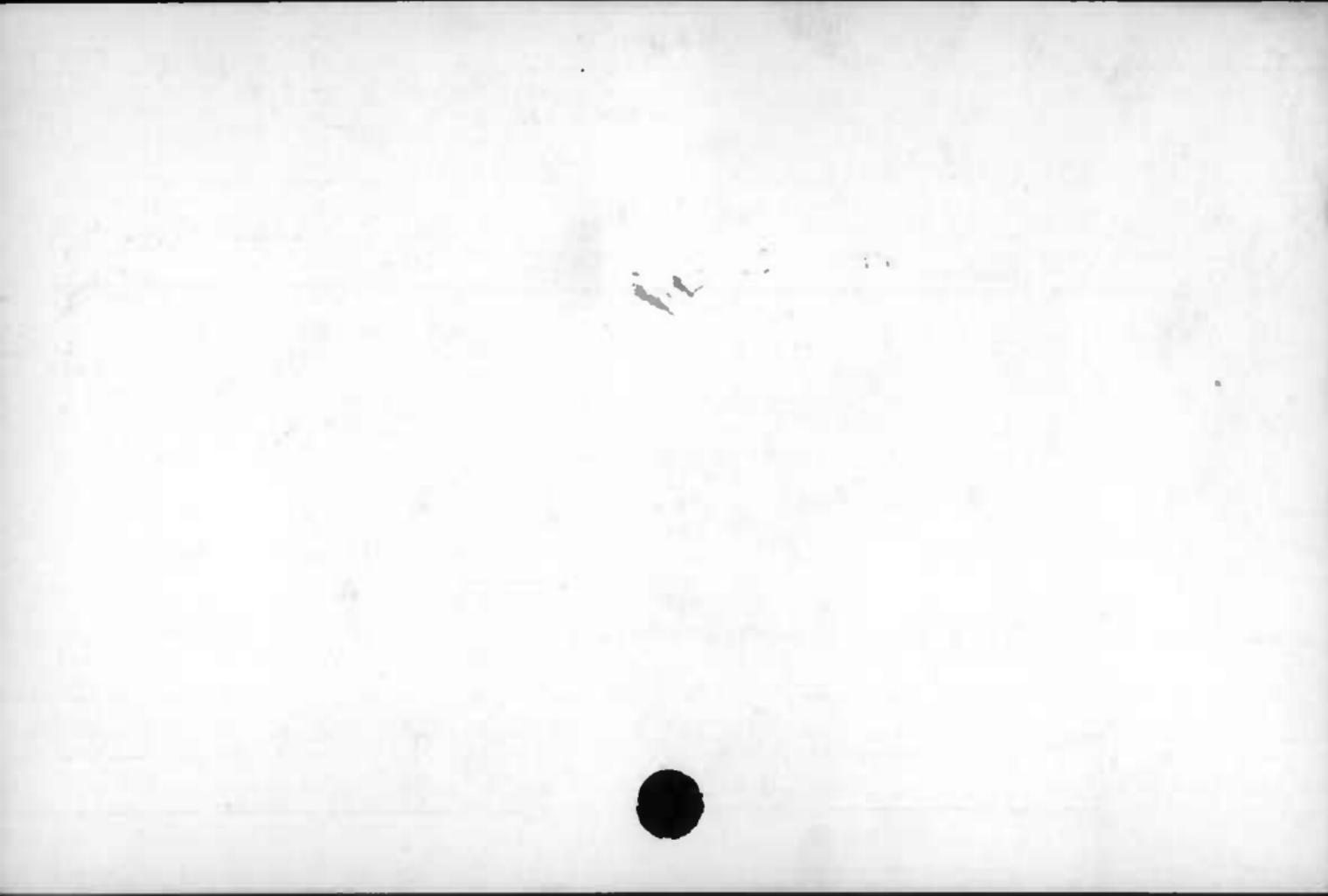
Signature of Physician

Wm H. Pritchett Jr. P

Address

Bishop Head
Subregister

Accident or Suicide?



Name
in
Full

George Woolen

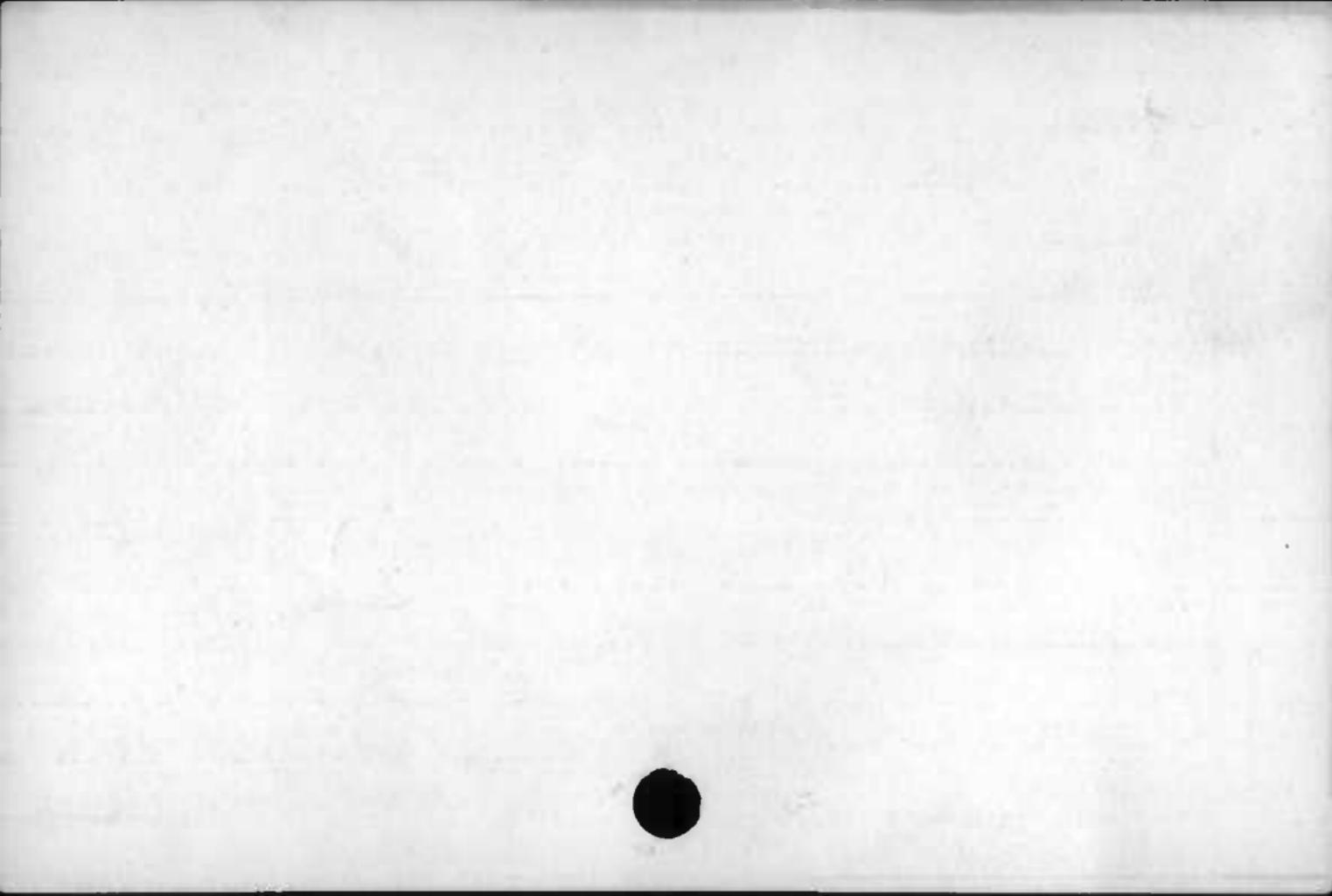
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place	New Market	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				
CAUSES OF DEATH					
Primary	4				
Immediate	How long 7 days				

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
X	Address
Accident or Suicide?	EL Flaming Penlook C.M.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

unknown

CERTIFICATE OF DEATH

MARYLAND

Died at Chesapeake Bay

Town

County

Dorchester

Date of death 1908

Month

Day

Years

Months

Days

Age not known

Sex male

Color or
Race

white

Birth-
place

don't know

Occupation

sailor

Where Residing if not
at place of death

don't know

Married, Single
or Widowed

don't know

Name of Wife or
Husband

unknown

Father's
Name

unknown

Father's
Birthplace

don't know

Mother's
Maiden Name

unknown

Mother's
Birthplace

don't know

Name of person giving
Information

James & Cannon founders of
ingress

How related
to deceased

don't know
none

CAUSES OF DEATH

Primary

drowning

172

How long

Immediate

immediately

Are the name, age, sex, color, date
and place correctly given above?

yes all but

name

unknown

Signature of
Physician

Address

no physician in attendance

Wm H. Hitchett Jr P
Bishop Head and

Accident or Suicide

suppose to be
accident.

1

